

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

Interim Final

Date of Report February 2, 2019

Auditor Information

Name: David K. Haasenritter	Email: davidkhaasenritter@gmail.com
Company Name: Haasenritter Correctional Service LLC	
Mailing Address: PO Box 1265	City, State, Zip: Midlothian, VA 23113
Telephone: 540 903 6457	Date of Facility Visit: April 23-25, 2018

Agency Information

Name of Agency: The GEO Group Inc		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: One Park Place Suite 700, 621 Northwest 53rd Street		City, State, Zip: Boca Raton, FL 33487	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 561-999-5827		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.			
Agency Website with PREA Information: https://www.geogroup.com/PREA			

Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: (561) 893-0101

Agency-Wide PREA Coordinator

Name: Phebia L. Moreland	Title: Director, Contract Compliance, PREA Coordinator
Email: pmoreland@geogroup.com	Telephone: (561) 999-5827
PREA Coordinator Reports to: Daniel Ragsdale	Number of Compliance Managers who report to the PREA Coordinator 108

Facility Information

Name of Facility: Graceville Correctional and Rehabilitation Facility								
Physical Address: 5168 Ezell Road, Graceville, FL 32440								
Mailing Address (if different than above): Click or tap here to enter text.								
Telephone Number: 850-263-5500								
<table border="1" style="width: 100%;"> <tr> <td>The Facility Is:</td> <td><input type="checkbox"/> Military</td> <td><input checked="" type="checkbox"/> Private for profit</td> <td><input type="checkbox"/> Private not for profit</td> </tr> <tr> <td><input type="checkbox"/> Municipal</td> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table>	The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison						
Facility Mission: The mission of Graceville Correctional and Rehabilitation Facility is to “provide an integrated and holistic delivery of individual treatment programming to the inmate population.”								
Facility Website with PREA Information: https://www.geogroup.com/PREA								

Warden/Superintendent

Name: Jeff Thomas	Title: Warden
Email: jethomas@geogroup.com	Telephone: 850-263-5500

Facility PREA Compliance Manager

Name: Richard Heming	Title: Facility Investigator/PREA Compliance Manager
Email: rheming@geogroup.com	Telephone: 850-263-1703

Facility Health Service Administrator

Name: Veronika Newmon	Title: Health Services Administrator
Email: VeNewman@correctcaresolutions.com	Telephone: 850-263-5500

Facility Characteristics

Designated Facility Capacity: 1884	Current Population of Facility: 1866
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Number of inmates admitted to facility during the past 12 months		1362	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		946	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1080	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		158	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-64	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		2.07	
Facility security level/inmate custody levels:		Community, Minimum, Medium, Close	
Number of staff currently employed by the facility who may have contact with inmates:		241	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		76	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		2	
Physical Plant			
Number of Buildings: 11		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		4	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		48	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
176 cameras strategically placed around the facility. The control room of each dorm is centrally located in the dorm and there is visibility to each quad from the control room. Video is retained for about 30-45 days before it is recycled.			
Medical			
Type of Medical Facility:		Full Clinic Care	
Forensic sexual assault medical exams are conducted at:		Onsite Emergency Room	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		70	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		111	

Audit Findings

Audit Narrative

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

The PREA audit of the Graceville Correctional and Rehabilitation Facility was conducted on April 23 - 25, 2018 by Mr. David Haasenritter. The announcement of the audit was posted six weeks in advance of the audit. Approximately three weeks prior to the audit, the auditor received the Pre-Audit Questionnaire and additional documents through a secure thumb drive. Unlike most GEO audits which provides documents from all three years, only documents from the last 12 months were provided. The documents and questionnaire were well organized and highlighted. A week before the audit, the auditor received a letter from an inmate at Graceville Correctional and Rehabilitation Facility. The inmate was interviewed on site. The night before the audit the facility provided a roster of all inmates housed at the institution; lists of inmates for specific categories to be interviewed; and a list of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

The auditor contacted Just Detention International (JDI) about any information previously submitted by inmates at the Graceville Correctional and Rehabilitation Facility and reviewed the GEO and Florida Department of Corrections website prior to the audit. The GEO website is one of the easiest to find PREA information of all agencies this auditor has audited. GEO PREA page is very informative and has general PREA information on: agency zero tolerance policy; how for staff, inmates, and third parties to report PREA allegations; information on investigations; and where questions and inquiries can be forwarded to the PREA Coordinator (phone number, email, and mailing address). It also has several links to include: PREA standards; GEO basic and investigative PREA policies; GEO facility PREA audit reports; and GEO's current annual PREA Report.

Following the entrance meeting with staff, the auditors toured the facility on April 23, 2018 and went back to certain areas in the institution on April 24 -25, 2018. While touring, random inmates and staff were informally interviewed (not counted in interview count) and questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and inmates informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. During the tour, the auditor reviewed staffing logs; physical plant; sight lines; camera coverage; tested the inmate phone system for reporting allegations and for emotional support services; and observed institution operations.

Following the initial site review, the auditor began the formal interviews, review of investigations, checking of cameras, and random checks of personnel, medical, and training records. Review of the PREA investigation tracking log showed five (5) PREA allegations in the last 12 months. The auditor reviewed 10 closed cases over the last three (3) years (One (1) from 2018; seven (7) from 2017; and two (2) from 2016. The cases reviewed included five (5) inmate on inmate sexual assault (IISA) (three (3) unsubstantiated, two (2) unfounded); three (3) inmate on inmate sexual harassment (IISH) (two (2)

unsubstantiated, one (1) unfounded); and two (s) staff on inmate sexual assault (SISA) (one (1) unsubstantiated and one (1) unfounded). All the cases were referred to the appropriate investigative agency.

The auditor conducted 51 staff interviews (16 random, 28 specialized, 2 volunteers, and 6 contractors). Additionally, the GEO PREA Coordinator and Agency head representative were interviewed by this auditor. Staff interviews were based on the requirements from auditor handbook. Some staff were selected for interviews based on the pre-audit document review, and others were selected based on the lists of employees provided on-site. Security line and supervisory staff were selected from all shifts. Interview rooms were provided to ensure privacy and confidentiality. All staff, contractors, and volunteers said they received PREA training and specialized PREA training as applicable, and during the interview demonstrated they were well versed in their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. Staff victim advocates demonstrated knowledge of their responsibilities as victim advocates. Medical and mental health staff were very knowledgeable of the steps they would take when an inmate is brought to medical following a sexual assault allegation. How to conduct a proper pat search of transgender inmates was weak (2 of 16 knew proper procedures for conducting a pat search of a transgender inmate); and only one of five intermediate/higher level supervisors knew PREA specific items to check for during unannounced rounds.

The number of interviews required for inmates was calculated based on the auditor handbook formulas. The auditors used inmate rosters provided by the facility the night before the audit. Specialized interview inmates were selected first, and then random inmates from each housing unit were then selected based on race and arrival date in order to ensure all races and inmates from various time periods were selected. Each housing unit had at least one inmate interviewed. A total of 44 inmates were formally interviewed: 22 random interviews and 22 specialized interviews: Gay/Bi-sexual (10); limited English (2); disabled (2); blind (1); inmates who disclosed sexual victimization during screening (6); and inmates who reported sexual harassment while confined at this facility (1). The auditor used sexual harassment versus victim of sexual assault because there was no inmate at the facility who had been sexually assaulted still confined at the facility during the on-site audit. The auditor also interviewed one inmate who wrote a letter to the auditor prior to the audit as a random inmate and then discussed his letter with the inmate. His concerns were with both this facility and other Florida Department of Corrections facilities he was confined in. With this facility he was concerned about staff and inmates viewing inmates when they shower. His concern with staff viewing was addressed by the auditor during his site review and the staff was correcting the issue. The inmate believes inmates viewing each other shower is a problem and that dividers between showers should be constructed. The auditor discussed the PREA standards. His letter had other concerns not related to PREA. During his on-site interview, he stated GEO and this facility is better than the Florida Department of Corrections facilities in general and specifically referenced PREA. In one case an inmate informed the auditor he was transgender. The facility was notified, and the inmate was received a new PREA screen. The auditor reviewed the screen and other appropriate documents (shower and search preference, etc.). Inmates interviewed were respectful, one inmate did refuse to be interviewed. The auditor found the inmates aware and knowledgeable of PREA. The inmate interviews resulted in many unsolicited positive comments of staff, more than the auditor normally receives. Some of the comments included: "safest place I have ever served" (from a bisexual inmate); "in ten years most thorough PREA training, staff explain things and not just a hand out a piece of paper and say watch the video"; and "mental health staff were very professional dealing with my prior victimization." Nineteen (19) of 20 inmates asked stated they felt safe at this facility.

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked GEO, Florida Department of Corrections, and Graceville Correctional and Rehabilitation Facility staff for their hard work and commitment to the Prison Rape Elimination Act.

Facility Characteristics

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

Graceville Correctional and Rehabilitation Facility is located in Graceville, Florida which is located 34 miles south of Dothan, Alabama. On January 13, 2014, The GEO Group, Inc. and the State of Florida, Department of Management Services entered into an Operations and Management Service Contract for Graceville Correctional Facility, Graceville, Florida, effective February 1, 2014. The Design of Graceville Correctional and Rehabilitation Facility includes cell and dormitory housing. Graceville Correctional and Rehabilitation Facility is a Level four (close/medium) facility, as determined by the Florida Department of Correctional, and houses inmates with custody levels of Closed, Medium, Minimum, and Community Custody.

Graceville Correctional and Rehabilitation Facility has eleven buildings. The Administration building houses the main lobby, the main control center, the training room, the conference room, the armory, the lock shop, office space for the Department of Management Services Contract Monitor, and several other offices. The facility has four (4) cell housing buildings that contain 384 inmate beds. Each wing of the housing unit in the building houses 96 inmates, which is separate and locked from the others. Each contains one single cell for handicapped inmates. Each housing unit has a control room, and a variety of office space. There is one dormitory building which contains 300 inmate beds. The dormitory is divided into four housing units of 75 each. Each housing building is equipped with a laundry distribution room and a canteen store. The Classification Counselors are also located in the housing units. Segregation has 48 cells doubled bunked for a count of 96. Segregation is short term disciplinary reasons.

Graceville Correctional and Rehabilitation Facility is equipped with cross-fencing, electronic intrusion system, fence apron, micro phonic microwave and a vehicle gate. The fence design consists of a nine-gauge, twelve-foot outer chain link fence. There are eight rolls of long-barb razor wire stacked proximal to the inside of the outer fence. There are two separate, redundant electronic intrusion detection systems extending around the entire perimeter circumference and are supported by two-armed roving patrol units to respond to alarms. There is a fence, razor wire, and micro phonic over the roof of the control room building. Graceville Correctional and Rehabilitation Facility does not have any towers.

The count on the first day of the audit was 1866. Designed capacity is 1864. The average daily population was 1848 during the period of March 2017 – February 2018. The age of the inmates is 18-64 years. The average length of stay at the facility is 2.07 years. There were 158 inmates assigned to the facility prior to August 20, 2012 that are still currently housed at Graceville. During the previous twelve months 1080 inmates were transferred into the facility. There are 241 staff, and 70 volunteers

and contractors who have contact with inmates. There were 76 new hires during the previous twelve months.

Graceville Correctional and Rehabilitation Facility has been chosen as the pilot facility in the Continuum of Care Program. In this program, inmates are followed from the beginning, throughout their sentence and after their end of sentence to ensure their success. This program requires all staff members to be dedicated and adequately trained. To guarantee this, all Graceville Correctional and Rehabilitation Facility staff members receive eight hours training in the process of the Continuum of Care Program and Core Correctional Practices.

GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care. The mission of Graceville Correctional and Rehabilitation Facility is to "provide an integrated and holistic delivery of individual treatment programming to the inmate population."

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 5

115.11, 115.16, 115.31, 115.42, 115.88

Number of Standards Met: 40

115.12, 115.13, 115.14, 115.15, 115.17, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.35, 115.41, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.89, 115.401, 115.403.

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

On April 23 - 25, 2018, the on-site visit was completed. Within ten days of the audit being completed, the auditor provided a list of not met standards, and standards requiring additional information. During the 45-day interim report writing period, Graceville Correctional and Rehabilitation Facility and GEO provided additional information and documents. At the time of the interim report six (6) (115.13, 115.15, 115.32, 115.41, 115.51, and 115.53) standards were not meet; one was corrected on site during the audit (115.22). During the corrective action period policies were modified, training was conducted, and physical plant issues were corrected in accordance with (IAW) the corrective action plan. On October 4, 2018 the auditor conducted interviews of staff. On October 9, 2018, the auditor found all standards to be meet or exceed standards. Specific corrective actions plans and implementation is described in the respective standards.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Graceville Correctional and Rehabilitation Facility by contract must use Florida Department of Corrections policies, though for a few standards GEO policies are used. Florida Department of Corrections (DOC) Procedure Number 602.053, Prison Rape: Prevention, Detection, And Response is the base PREA policy. It outlines Florida DOC approach to preventing, detecting and responding to sexual abuse, sexual harassment and retaliation at the facility. It defines the specific prohibited acts, the staff reporting responsibilities and obligations, investigative responsibilities, and support responsibilities. Other Florida DOC policies that supplement Florida DOC Procedure Number 602.053 include Florida DOC Procedure Number 108.003 Investigative Process; Florida DOC Procedure Number 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations; Florida DOC Procedure Number 602.018 Contraband and Search of Inmates; and Florida DOC Procedure Number 602.036 Gender Specific Security Positions, Shift Posts and Assignments.

GEO has very good written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The main PREA policies are GEO Policy 5.1.2, Sexual Abuse Behavior Prevention and Intervention Program (PREA); GEO Policy 5.1.2-A, Sexual Abuse Behavior Prevention and Intervention Program (PREA for Adult Prison, Jail, and Adult Community Confinement Facilities); and GEO Policy 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA). Other agency policies supplement these main PREA policies. GEO policies and procedures were very well organized. In some cases, the auditor used GEO policies for specific standards.

GEO employs an upper-level, agency-wide facility PREA Coordinator and a PREA Compliance Manager. Ms. Phebia Moreland is GEO agency-wide PREA Coordinator. She is very knowledgeable of PREA standards and is one of the top PREA Coordinators I have met. Ms. Moreland has the authority to develop, implement, and oversee PREA compliance. She oversees 108 total facilities (57 Corrections Facilities; 40 Reentry Services Facilities, 3 lockups; and eight (8) Youth Services Facilities through three regional corrections coordinators, one community corrections coordinator, and one juvenile coordinator. She is very active in coordinating PREA, consistently sending updates to facilities, especially as FAQs are posted on the PREA website. She conducts training and meetings to keep unit PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO's PREA program. The GEO organization chart demonstrates Ms. Moreland is in a

position of authority. The auditor has observed her develop, implement and oversee compliance during this and other audits the auditor conducted. She indirectly supervises 108 compliance managers (Prisons and Jails, Community Corrections, Lockups, and Juveniles) She often goes directly to the compliance managers to coordinate changes, provide updates, conduct training, and on-site during audits. For Graceville Facility, she also works with the Florida Department of Corrections PREA Coordinator Ms. Judy Cardinez-Harris who was present during the audit and assisted during the audit and with the corrective action plans. The working relationship between the two agency PREA Coordinators was very good.

Mr. Richard Heming was the Graceville Correctional and Rehabilitation Facility PREA Compliance Manager, who reports to the Associate Warden for PREA during the audit; however, a new PREA Manager was designated following the audit. Both PREA Compliance Managers has access to the GEO PREA Coordinator, which they do contact as questions and issues arise. Mr. Heming was knowledgeable of PREA standards and was actively involved in PREA activities. He claimed to have enough time to perform his PREA duties. He coordinated and conducted training, provided information at staff calls, contacted the GEO and Florida DOC PREA Coordinator for clarification and guidance. The auditor reviewed Graceville Correctional and Rehabilitation Facility organizational chart that demonstrated that Mr. Heming was in a position of authority to make changes and discuss issues with the Warden. Interviews of the Warden and Mr. Henning demonstrated he had the authority to coordinate the facility's efforts to comply with PREA. Discussions with the inmates and the staff revealed that each was aware that he was the point of contact for reporting (allegations of sexual abuse/harassment or retaliation), questions, or concerns relating to PREA and sexual safety.

The interviews of the PREA Coordinator, Warden, and PREA Compliance Manager demonstrated PREA is part of the GEO and facility fabric; as leaders they were very knowledgeable of and believed in PREA; and they set the tone for the facility.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA for Adult Prison and Jail and Adult Community Confinement Facilities) states GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adapt and comply with the PREA standards. It also states contractors in its facilities that have direct contact with individuals in GEO facilities or programs shall be obligated to comply with PREA standards. The contract for confining Florida DOC inmates was signed in 2014. Florida DOC contract requires compliance with PREA standards. The auditor was provided a copy and reviewed the contract between GEO and Florida DOC. Florida DOC conducts reviews of Graceville Correctional and Rehabilitation Facility operations to include a review of PREA standards though another office (DMS) is required to do so. The auditor reviewed two annual reviews (2015 and 2017) of Graceville Correctional and Rehabilitation Facility operations and PREA. The Florida DOC review of PREA was very thorough and well documented. It should be noted in the future Florida DOC will not be doing the contract monitoring and DMS will have to fill the void as it is their responsibility.

GEO is a private provider and does not contract with other agencies for the confinement of inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally

accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed the Graceville Correctional and Rehabilitation Facility staffing plan, Florida DOC Procedure Number 602.030 (Security Staffing Utilization), and annual reviews. Graceville Correctional and Rehabilitation Facility operates, documents, and make its best efforts to comply on a regular basis with the staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse by monitoring and reviewing the staffing plans. The staffing plan was developed and is monitored using the criteria found in standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan. All components of the facility's physical plant are considered, and cameras are included in the staffing plan review. Graceville Correctional and Rehabilitation Facility had 176 cameras located throughout the facility. Camera videos are recorded for 30 - 45 days. The plan follows generally accepted correctional practices. The auditor discussed annual reviews of the staffing plan and blind spots he noted during the tour with the facility PREA Compliance Manager. The facility had already noted those, and in some cases took on the spot corrective action (stacking of boxes creating blind spots). The staffing plan is reviewed annually by the facility, GEO Corrections Division, and PREA Coordinator. The signature of the PREA Coordinator on the Annual Review confirmed that this was done in consultation with her.

By policy the facility documents all deviations to the plan and it is reported to GEO. Per the Pre-audit questionnaire and interview of the Warden, PREA Compliance Manager, and security staff; and review of manning sheets; there were no deviations from the plan. The facility uses overtime to fill all its positions in the plan.

The auditor found the facility did not meet standard 115.13(d). Throughout the site review, the auditor saw evidence that intermediate and higher-level supervisors conduct and document unannounced rounds. The auditors checked the logs while on site for announced PREA rounds. Staff is also prohibited from alerting other staff that unannounced rounds are being conducted. Supervisors prevent alerting by going to housing and program areas at different times throughout the shifts.

Standard 115.13(d) Each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Finding: Based on staff interviews and unannounced rounds documentation, unannounced rounds of facility are conducted but not specific to PREA type of checks. Four of the five staff interviewed could not explain what checks were PREA related. One supervisor stated he conducts the same checks prior to PREA being implemented and when he described things he looked for in his unannounced rounds nothing he described was related to PREA. Most documentation shows entire building PREA checks done within six (6) minutes (four to five different housing units in that building) and staff could not explain what they were checking were related to PREA. Documents could not be provided demonstrating unannounced rounds were done on all shifts.

Corrective Action Plan: Provide refresher training to all supervisors on what they should be checking for and documenting when conducting unannounced PREA rounds. Provide documentation following the training for 90 days of weekly by each shift. After 90 days following the training, the auditor will then conduct interviews. Training was conducted on April 30th (provided to auditor August 9th). Guidance provided was to specifically check for PREA signage posted, privacy barriers, female announcing opposite gender when entering the housing unit and females not in the housing unit during scheduled showers. The auditor reviewed the documentation and conducted interviews of three staff that conduct unannounced rounds and six other security staff on October 4, 2018 verifying unannounced rounds are properly conducted. Those conducting unannounced rounds had a better understanding of what PREA related items they were checking, and documentation verified the change. This standard was found as meet standard on October 9, 2018.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Florida Department of Corrections does not contract with GEO and the Graceville Correctional and Rehabilitation Facility to house youthful offenders; therefore, this standard is not applicable. GEO policy 5.1.2.A does cover all parts of the standards for GEO facilities that do confine juveniles to include: requires that youthful offenders be housed separately from adult inmates; avoid placing youthful offenders in isolation to keep them separated from adults and will not deny large muscle exercise and any legally required special education services, except under exigent circumstances.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Based on review of Florida DOC Procedure Number 602.036 (Gender Specific Security Positions, Shifts, Posts, and Assignments) and Procedure Number 602.018 (Contraband and Searches of Inmates), review of training material, interview of staff and inmates, and observation it was determined the facility limits cross-gender viewing and searches. Graceville Correctional and Rehabilitation Facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches, and staff is prohibited and does not search transgender or intersex inmates to determine inmates' genital status. Graceville Correctional and Rehabilitation Facility does not house female inmates.

Standards 115.15 b and part of c does not apply as Graceville Correctional and Rehabilitation Facility is a male only facility.

Based on review of Florida DOC Procedures, review of training material, and interview of staff and inmates; inmates can shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks (115.15(d)). Most inmates (33 of 43) interviewed stated they could shower and change clothes without being observed by opposite gender staff. Observation during the audit identified inmates were not able to perform bodily functions without opposite gender viewing by staff.

Standard 115.15(d) The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

Finding 1: Observation during the audit identified inmates were not able to perform bodily functions in showers in all housing units and toilets in open bay housing units without opposite gender viewing by staff. In the cell housing units, the showers are enclosed but buttocks and genitalia can be viewed. The top portion of the door is covered by a mesh that provides viewing into the shower. In the open bay housing units, the barriers/shower curtains do not completely obstruct the view of inmate buttocks/genitalia while showering; and the wall in front of the toilets do not obstruct view of buttocks and genitalia of inmates performing bodily functions if staff walks within approximately six feet of the wall. The wall had previously been built to eliminate viewing but did not take into account staff walking next to the wall. The auditor found these issues do not meet standard.

Corrective Action Plan. For the cell housing units, the facility needs to make modifications to the viewing screen or make policy and procedure changes reference supervision, specifically shower times and when female staff make rounds in the housing units. For the open bay housing units, the facility needs to revise policy and procedure on how female staff make checks in the housing unit and not be within certain feet of the wall to still provide checks but not allow viewing of buttocks and groin area while inmates are performing bodily functions on the toilet or showering. Training needs to be conducted on the changes, and the auditor will conduct interviews approximately 90 days following implementation. On April 23, 2018 the facility changed the policy and procedures for security rounds effective April 24, 2018. Initial training was conducted which each shift the following

days and later training was provided to all staff. The procedural changes included only male staff conduct security checks in the housing units during designated times inmates are showering; and in the open bay housing units male and female staff can make security checks at any time but in front of the toilet and shower areas will make checks by walking between the first row of beds and second row of beds to ensure security can be maintained without viewing the inmate buttocks and groin area. It should be noted all buildings have male and female staff assigned, which would ensure male staff are available to make security checks during shower times. The auditor observed the changes implemented while still on site. Training documents were reviewed, and interviews were conducted on October 4, 2018 of nine staff. The auditor found the facility as meet standard on October 9, 2018.

Finding 2: Observation during the audit identified inmates were not able to perform bodily functions in medical cells and strip search area by camera. The auditor found the facility does not meet standard.

Corrective Action Plan. Either move the cameras, block out portion of the camera view, or disconnect the feed to the monitors where opposite gender observation could occur. Once corrective action has been completed, provide pictures of each area to the auditor. Photos of corrective action was provided of all areas on August 9th. The facility blocked out the toilet areas of each of those cells that allowed no viewing of the groin or buttocks area while performing bodily functions on the toilet. The auditor found the facility as meet standard on August 10, 2018.

Finding 3: Observation during the audit identified inmates were not able to perform bodily functions on urinals in recreational yard and medical outdoor walkway areas. The auditor found the facility does not meet standard.

Corrective Action Plan. Provide physical plant modifications to toilet in the recreation yard and medical outdoor walkway. Once modifications have been made provide the auditor pictures of the modifications. The urinal in the walkway outside the medical unit was corrected with an extended barrier while the auditor was onsite. The toilets in the recreation yard was modified with an extended barrier and the auditor was provided pictures on August 10, 2018. The auditor determined the facility as meet standard based on modifications on August 10, 2018.

Based on review of Florida DOC Procedures, review of training material, interview of staff and inmates, review of logs, and observation it was determined female staff do announce their presence when entering a male inmate housing unit. Thirty-seven (37) of 43 inmates interviewed said female staff announce presence when they enter the housing unit. Observation while on-site demonstrated female staff do not announce going into the medical housing area where inmates perform bodily functions and can be seen by female staff.

Standard 115.15(d) Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Finding: Female medical staff do not announce when entering medical cell area. It was observed and confirmed during staff and inmate interviews. Female staff do announce when they go into other inmate housing areas.

Corrective Action Plan. Provide refresher training. It should be noted before the audit was completed signs to remind opposite gender staff to announce were posted and security and medical staff were announcing. The auditor requested refresher training documentation and would

conduct interviews. The auditor reviewed training documentation provided and conducted interviews. The auditor found the facility as meet standard on October 9, 2018.

Review of training records and lesson plans demonstrated staff had been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Prior to the audit, training documents were provided to the auditor demonstrating staff had been trained on searches of transgender and intersex inmates. Florida DOC policy is for female staff to conduct transgender pat searches unless interferes with operations; but during staff interviews, male and female staff could not demonstrate the proper way to conduct a pat search of transgender and intersex inmates. Auditor determined all staff should be trained because males would be required to do the searches when using a female would interfere with operations.

Standard 115.15(f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Finding: Fourteen (14) of sixteen (16) staff interviewed could not describe or demonstrate a proper pat search of a transgender inmate; two male staff stated they did not receive training. Majority of staff interviewed did know definition of transgender (13 of 17 could define transgender inmate). There were no transgender inmates on-site during the audit other than the inmate who identified to the auditor on the second day of the audit to interview and ask how searches were conducted. The auditor found the facility does not meet with standard 115.15 (f).

Corrective Action Plan. Provide training to staff on how to conduct searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible. Recommended also include training on the definition of transgender even though the facility had more staff interviewed who knew the definition of transgender than most facilities this auditor has audited. Provide the auditor training documents and the auditor will conduct interviews 90 days following the training. On August 9, 2018 the auditor was provided training documentation on transgender searches and definition to include sign rosters for 117 staff. Training documents were reviewed, and interviews were conducted on October 4, 2018 of nine staff. The auditor found the facility as meet standard on October 9, 2018.

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

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

115.16 (a)

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

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

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

115.16 (b)

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

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

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Florida DOC Procedures Number 602.503 and Procedures Number 604.101 (Americans with Disabilities Act Provisions for Inmates) requires Graceville Correctional and Rehabilitation Facility to provide inmates with disabilities (including those who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. ensure inmates with disabilities and who are limited English proficient have access to PREA information and programs. Graceville Correctional and Rehabilitation Facility has taken appropriate steps to ensure that inmates who are limited English proficient or disabled have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Three (3) staff are designated as Spanish translators and one (1) is designated as a German translator, who provide foreign language translation and assistance when needed. The auditor used the designated staff translators (Spanish) for some inmate interviews. PREA handouts and inmate handbooks are in English and Spanish. English and Spanish PREA posters are posted throughout the institution for inmates, staff, and visitors to see. The PREA Reporting Hotline is in both English and Spanish. Staff and inmates interviewed stated inmates are not used as interpreters when addressing sexual abuse and sexual harassment allegations. Based on staff and inmate interviews inmate interpreters are not used.

Informational and educational materials for inmates with physical and mental disabilities are provided in ways that will enable the inmate to understand the GEO zero tolerance policy and related material and

be able to make a claim of sexual abuse or sexual harassment, if necessary. Per Florida DOC Procedures Number Procedure 602.053 the facilities will use closed caption, large print, reading by staff, translator lists and language line. Provisions can be made for inmates who may be visually impaired, though those with limited vision are assisted by some of the posters and handouts having been printed in larger print. For inmates with a mental disability, staff spend time to ensure they understand the PREA basics of definitions and reporting. The auditor interviewed limited English, disabled and a blind inmate. Graceville Correctional and Rehabilitation Facility provides; closed captioning for deaf/hard of hearing, large print material for those with impaired vision, and the reading of materials to inmate(s) by staff for blind/limited mental capacity inmates if necessary. Interview of the visually impaired inmate demonstrated the facility provides all PREA information to him verbally, and he clearly could articulate the zero-tolerance policy, and how to report sexual abuse or sexual harassment. Graceville Correctional and Rehabilitation Facility maintains a contract with Language-Line, INC. This company provides interpretive assistance (sign language, language expertise in written materials, phone help, and on-site help) if needed.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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GEO Policy 5.1.2-A outlines policy and procedures to ensure staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. GEO Policy 5.1.2-A requires the institution to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The auditor reviewed two staff application, one promotion packet and two contractor packets prior to the audit. During the audit, the auditor randomly reviewed 12 staff personnel records and four contractor packets. GEO forms are used for hiring minus background checks. Through review of staff and contractor records and staff interviews it was determined Graceville Correctional and Rehabilitation Facility and contractors are not hired or promoted if they have engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated GEO and the facility considers incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Florida DOC Procedures Number 208.049 Background Investigation and Appointment of Certified Officers requires background checks for staff and contractors. During the audit, the auditor reviewed eleven employee and four contractor background checks and a background check spreadsheet that demonstrated background checks were done prior to employment, and none had a background check more than five years old. Interviews of Human Resource staff and employees, and review of

application packets also demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background checks include checks through ACCURATE Inc, though GEO recently changed the contract to AURICO LLC to do the background checks. Florida Department of Corrections does criminal background checks. Interviews of Human Resource staff and contractors, and review of contractor packets demonstrated background checks were conducted.

GEO policy 5.1.2-A states shall ask all applicants and employees who may have contact with inmates directly about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. Any individual promoted must complete a PREA Disclosure and Authorization and successfully complete a new background check. All employees in are required to complete a PREA Disclosure annually. The PREA Disclosure must be completed as part of the employee's annual performance evaluation. Prior to the audit, the auditor received one promotion packet, and two annual reviews demonstrating they addressed previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. During the audit eleven additional employees' files that demonstrated employees who may have contact with inmates directly are asked about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications and written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct were reviewed. On-site one promotion packet was reviewed and demonstrated the staff member had completed a PREA Disclosure and Authorization and new background check.

GEO Policy 5.1.2-A states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination.

GEO policy 5.1.2-A requires information be provided 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. Per interview of Human Resource Staff, GEO headquarters would 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.

The review of GEO 5.1.2-A and Florida DOC Procedure Number 208.049; staff, contractor, and volunteer interviews and documentation review demonstrate compliance with all the standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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Through review of GEO Policy 5.1.2-A; and interviews of the Agency Head representative, PREA Coordinator, PREA Compliance Manager, and Warden it was determined that the GEO considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The auditor has seen from other audits how GEO has considered the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

There has been no substantial expansion at Graceville Correctional and Rehabilitation Facility during the last three years. During the review of the staffing plan, the video monitoring system is also reviewed to ensure coverage enhances the ability to protect inmates from sexual abuse. Graceville Correctional and Rehabilitation Facility had 176 cameras located throughout the facility.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Florida DOC Inspector Generals' Office (IG) conducts all criminal investigations and administrative investigations involving sexual abuse. The auditor interviewed one of the IG Investigators and one of the Graceville Correctional and Rehabilitation Facility investigators. Both investigators discussed the Moss Group (Investigating Sexual Abuse in Confinement Settings: Training for Correctional Investigators) they received and indicated that investigators are required to follow uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for criminal prosecutions as required by policy.

Graceville Correctional and Rehabilitation Facility has an agreement with Panhandle Forensic Nurse Specialist Inc to conduct forensic exams at Graceville Correctional Facility with either a SANE/SAFE or a qualified medical practitioner. The auditor reviewed the qualifications and certificates of two staff (MD & LPN) employed by the Panhandle Forensic Nurse Specialist Inc. The auditor interviewed the MD who said those conducting the forensic exams are trained SANE/SAFE. The auditor reviewed the documentation of forensic exam in 2017.

Graceville Correctional and Rehabilitation Facility makes available to the victim a trained victim advocate from its facility. Graceville Correctional and Rehabilitation Facility does not have a MOU with a local rape crisis center, and Florida DOC agreements with local rape crisis centers do not include private facilities. There was documentation the PREA Compliance Manager contacted the Florida Therapy (late 2017) and Gulf Coast Children Advocacy Center (2018) for support. Neither agency would provide the support. The auditor interviewed the Gulf Coast Children Advocacy Center victim advocate supervisor who stated the facility was not covered under the Florida DOC agreement and though there were discussions with GEO, no agreement had been reached. Two staff members received the "Sexual Assault Victim Advocate Training" hosted by the Georgia Network to End Sexual Assault. Both staff members meet the qualifications to be a staff victim advocate and based on interviews knew and performed services that includes: victim advocate services and support through medical exam process and investigator interviews, provide confidential emotional support services, crisis intervention, information, and referrals. Both staff members were well trained and very knowledgeable of their roles and responsibilities as victim advocates. GEO and Gulf Coast Children Advocacy Center signed a MOU on July 23, 2018 with an effective date of September 1, 2018. Gulf Coast Children Advocacy Center will provide a 24/7 hotline and mailing address for inmates to report sexual abuse and harassment (including confidentially); to receive outside confidential support services from a victim advocate; a victim advocate to be with the victim during a forensic exam and investigation; crisis intervention and follow-up; and referrals after release. In August PREA posters were updated with the new information and townhalls were conducted to educate the inmates. The auditor reviewed the MOA, posters and information from the townhalls conducted. The auditor also interviewed the Gulf Coast Children Advocacy Center staff.

There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The protocols were reviewed and found to be in line with DOJ's National Protocol for Sexual Assault Medical Forensic Examinations. Thirteen (13) of 14 security staff and two of two non-security staff interviewed were very knowledgeable of the evidence protocols and could explain the protocol for obtaining useable evidence when an inmate alleged sexual abuse. The auditor interviewed one IG and facility investigators, who had a good understanding of the investigative procedures and responsibilities and evidence protocols.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Florida DOC Procedures Number Procedure 108.003 (Investigative Process) and Procedure 108.015 (Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations) requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation by the appropriate authority.

Per Florida Statute 944.31 the Inspector Generals' Office has the legal authority to conduct criminal and administrative investigations within all prison in the State including the private facilities. Based on review of the investigative paperwork, PREA Allegation tracking log, and interview of staff and inmates; an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment.

The auditor reviewed two (2) investigative paperwork prior to the audit and ten (10) during the on-site audit and interim report writing period. Review of the PREA investigation tracking log showed five (5) PREA allegations in the last 12 months. The auditor reviewed 10 closed cases over the last three (3) years (One (1) from 2018; seven (7) from 2017; and two (2) from 2016. The cases reviewed included five (5) inmate on inmate sexual assault (IISA) (three (3) unsubstantiated, two (2) unfounded); three (3) inmate on inmate sexual harassment (IISH) (two (2) unsubstantiated, one (1) unfounded); and two (s) staff on inmate sexual assault (SISA) (one (1) unsubstantiated and one (1) unfounded). All the cases were referred to the appropriate investigative agency.

Standard 115.22 (b) requires the agency publish their investigative policy on its website or, if it does not have one, made the policy available through other means. GEO's Investigative policy is available on the GEO Web site. Florida DOC did not have the investigative policy on its' web page at the time of the on-site audit. The policy was added to the Florida DOC web page following the on-site audit during the interim report writing period. The auditor noticed it on the web site on May 21, 2018.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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Florida DOC Procedures Number Procedure 602.053 addresses PREA staff training requirements. Graceville Correctional and Rehabilitation Facility employees receive PREA training annually through scheduled training and roll call. The auditor reviewed the PREA training curriculum. Review of the lesson plan and slides demonstrated the training covered: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Prior to the audit, the auditor was not provided staff acknowledgement forms that they understood the PREA training. During the audit, the auditor requested the acknowledgement forms for 23 staff interviewed, all 23 had acknowledgement forms. Employees sign the GEO acknowledgement form that they have received and understood the PREA training they received. Random staff interviews were conducted with uniform and non-uniform staff while on site. Each of them indicated that they received the agency training prior to reporting for work. Staff interviewed were well versed in the FDOC and GEO zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. Fifteen (15) of 16 random staff interviewed were very knowledgeable of PREA training, a number of staff commented they liked the training because it included scenarios. There is also a test at the end of the training. Based on

knowledge of staff, document review, interviews, and incident files it is evident staff have received meaningful training and understand their responsibilities and put the procedures into practice.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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Florida DOC Procedures Number 602.053 requires all contractors and volunteers receive the zero-tolerance training prior to being allowed entrance into the facility and have refresher training every three years. The standard also requires each contractor and volunteer must acknowledge, by signature, that

they received and understood this training. Interviews of the six contractor and two volunteer demonstrated knowledge of PREA, their responsibilities, and the agency zero tolerance policy.

Review of two contractor documentation prior to the audit and additional documentation during the audit demonstrated interns, contractors and volunteers either read PREA training or attend the PREA training and acknowledge on the Florida DOC form they have read the PREA training brochure, but nothing related to understand the training.

Standard 115.32(c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Finding: The auditor finds Graceville Correctional and Rehabilitation Facility does not meet with standard 115.32 (c) that they acknowledge they understood the training. Contractors and volunteers simply sign stating they have read the PREA training brochure.

Corrective Action Plan. Have contractors and volunteers sign a document that they acknowledge understanding the PREA training they received. GEO has an existing form for contractors and volunteers that can be used, or Florida DOC needs to develop a form. Graceville Correctional and Rehabilitation Facility needs to provide the auditor documentation showing contractors and volunteers understand the PREA training they received. The auditor was provided documentation on August 9th, demonstrating new Florida DOC policy that interns, contractors, and volunteers must now sign acknowledgement they understood the PREA training they received. On October 3rd the auditor received a form of a contractor who had received and acknowledged receiving the PREA training.

The two volunteers and six contractors interviewed were knowledgeable of the zero tolerance policy, their PREA responsibilities and how to report. The medical contractors were very knowledgeable of their PREA responsibilities.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

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The auditor reviewed inmate handbooks, posters and education documents, and interviewed staff and inmates to determine compliance. During the tour inmates acknowledged the information being provided upon arrival and orientation. In formal interviews, 30 of 32 stated they received PREA information upon arrival; and 31 of 32 said they received PREA education which they described. One inmate stated this was the most PREA information he had received at any facility he had been confined in. Inmates are provided a tri-fold PREA pamphlet (available in English or Spanish) and inmate handbook (available in English or Spanish) that provides basic PREA information to how and to whom to report incidents or suspicions of sexual abuse and/or sexual harassment and retaliation. They are informed they can make these allegations verbally, anonymously or in writing and through third parties. Education is provided during orientation and includes a closed caption inmate education video. Posters are posted in the housing units and other areas of the facility in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. The inmates interviewed knew how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. The auditor randomly reviewed 48 inmate records onsite and during the report writing period. There was documentation 47 had received information on arrival and 45 had received comprehensive training within 30 days during orientation and one (1) inmate was at the facility prior to PREA and they had documentation that they had received training in 2014; two inmates had transferred to another facility and had no record of PREA of receiving PREA education at Graceville Correctional and Rehabilitation Facility. The limited English and disabled inmates interviewed acknowledged the information was provided in formats that they could be understood. During the inmate interviews, one inmate stated "in ten years most thorough PREA training, staff explain things and not just a hand out a piece of paper and say watch the video.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings?

(N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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Florida DOC Procedures Number 602.053 and Procedure 108.015 Sexual Battery, Sexual harassment, and Sexual Misconduct Investigation requires the facility investigator receives specialized sexual abuse investigations in a confinement facility training in addition to the general education provided to all employees and Florida DOC OIG investigators receive the specialized sexual abuse investigations in a confinement facility training. Initial training was conducted by the Moss Group for the Florida Department of Corrections. The auditor was provided and reviewed the Moss Group (Investigating Sexual Abuse in Confinement Settings: Training for Correctional Investigators) two-day curriculum Florida uses as the specialized training for investigators. It covered all requirements of the standard to include: 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. The auditor reviewed three training records for OIG staff that documented the specialized training, and one facility investigator training which documented both annual PREA training and PREA investigator training. The facility maintains documentation that the investigators has received both the general and investigative PREA training. The lesson plans, slides and sign in sheets were reviewed and interview of the investigators demonstrated they had a good understanding of how to conduct a sexual abuse investigation in a confinement setting.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Florida DOC Procedures Number Procedure 602.053 outlines the training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. Prior to the audit, the auditor reviewed the Correct Care Solutions medical training plan used to train medical and mental health staff on specific medical and mental health PREA training; and training documentation showing PREA training conducted in 2017 for 24 health care staff. On site the auditor reviewed randomly selected medical training records, all had documentation demonstrating they understood the PREA training; and had previously received medical PREA training. Interviews of medical and mental health 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 or suspicions of sexual abuse and sexual harassment. Each staff member interviewed described their role through each step of the process following an allegation of sexual abuse through follow-up services. Each staff member interviewed were very knowledgeable of their roles and responsibilities as contractors and health care staff as evident by their interviews and documentation. Medical staff does not conduct forensic medical examinations.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Florida DOC Procedures Number 602.053 and Florida DOC Procedures Number 601.209 Reception Process-Initial Classification requires facilities to: conduct a screening for risks of sexual victimization and abusiveness within 72 hours of arrival; a follow-up screening for risks of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the inmate's arrival at the facility; and reassesses inmate's risk level again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Graceville Correctional and Rehabilitation Facility uses the Florida Department of Corrections PREA Screen Tool and not the GEO PREA screening tool. The risk assessment process is computerized, and information gleaned becomes part of the Florida DOC Inmate Behavioral Assessment Scale (IBAS). The screening instrument is objective in determining if the inmate is at risk for victimization or abusiveness. The intent is for this system to be designed as an integrated web application that pulls required information from the Offender Based Information System (OBIS) mainframe, calculates the IBAS and Sexual Risk Indicators (SRI) designations and delivers those designations to specific OBIS screens.

Prior to the audit, the auditor reviewed two inmates screening document from 2017 and 2018. Both were done on the day of arrival. On site the auditor randomly selected 48 inmates and reviewed their initial assessments. Of the 48 reviewed, 43 were done within 72 hours; one (1) was done in 96 hours; and four (4) were inmates who were confined prior to implementation in 2014 and they were conducted in 2014. Twenty (20) of 24 inmates interviewed who had transferred to the facility in the last 12 months remembered being asked during the screen: whether they identify as gay, bisexual, transgender, or intersex; whether they previously experienced sexual victimization; and their own perception of vulnerability. In one case an inmate informed the auditor he was transgender. The facility was notified, and the inmate was received a new PREA screen. The auditor reviewed the screen and other appropriate documents (shower and search preference, etc.).

Florida DOC has procedures that require a reassessment within 30 days, but the computerized system does not require or trigger a reassessment, thus reassessments are not conducted. The auditor found the Graceville Correctional and Rehabilitation Facility does not meet with standard 115.41(f). Florida DOC PREA Assistant Coordinator, GEO PREA Coordinator, and the auditor discussed the issues with the screens. Florida DOC agreed to update the electronic screening system to include 30-day reassessments.

Standard 115.41 (f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Finding: Of the 48 inmate records reviewed, none had a follow-on screen within 30 days of arrival. Four (4) of 24 remembered being asked the screening questions a second time within 30 days. Staff said they did not conduct a follow-on screen within 30 days of arrival.

Corrective Action Plan. Florida DOC must update their computerized system or adapt the GEO process for Graceville Correctional and Rehabilitation Facility. Whatever system is used, Graceville Correctional and Rehabilitation Facility staff who conduct screens must be trained, system implemented for at least 60 days (examples provided to the auditor) and the auditor conduct interviews. The Florida DOC automated system was updated and implemented on July 1, 2018. The reassessment will be triggered on the 25th day since arrival to the facility. The auditor reviewed 44 inmate assessments and 43 of 44 were done within 30 days. On October 4th two staff who conduct screens were interviewed and described the process for the follow-on review within 30 days. The auditor found this standard as meet standard on October 9, 2018.

The auditor had two staff who conduct the screens perform the screen of the auditor to demonstrate the process of filling out the screening form. The process was done professionally. All the criteria referenced in the standard are programmed in the automated system; and inmates are asked all of the questions required to be asked of the inmate. Additionally, the screener does make his/her own assessment of whether the inmate is gender non-conforming, and the screen staff interviewed knew the definition of gender nonconforming which is required to make an assessment.

The screening instrument is objective in determining if the inmate is at risk for victimization or abusiveness. Staff interviews and review of the automated system confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates; and inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Florida DOC Procedure 602.053 outlines the use of the PREA screening to include: using the information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each inmate. Florida DOC Procedures Number Procedure 602.053 states the agency shall consider on a case-by-case basis whether to assign a transgender or intersex inmate to an institution for male or female inmates, housing and programming assignments, based on the inmate's health and safety, inmate's own views with respect to his or her own safety, and whether the placement would present management or security problems; reviewing twice a year placement and programming assignments for each transgender or intersex inmate to review any threats to safety experienced by the inmate; allowing transgender and intersex inmates the opportunity to shower separately from other inmates; and not placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Inmates interviewed who identified as gay or bi-sexual acknowledged they were treated with respect; and were not housed in dedicated housing area. During the inmate interviews, one inmate identified as transgender to the auditor, but had not identified to the staff. The auditor informed the inmate he would notify the staff and that he would go through another screening protocol which the inmate agreed. The facility was notified, and the inmate received a new PREA screen and other protocols were implemented based on being identified as transgender. The auditor reviewed the screen and other appropriate documents (shower and search preference, etc.). The facility immediately took appropriate action.

Through a review of PREA risks assessments, housing and program decisions, inmate and staff interviews, it was determined Graceville Correctional and Rehabilitation Facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis. All bed assignments are processed through the Classification Data Center that is part of the IBAS system. It utilizes all inmate data from the Sexual Risk Indicators and will not allow the double bunked cell assignment of: a victim and abuser; inmate at high risks of being sexually victimized and those at high risks of being sexually abusive; inmates with significant age differences; and inmates with size

differences. Should staff try to move an inmate when these differences are noted, the computer will not allow the cell change.

There are no dedicated housing units based on sexual identity at Graceville Correctional and Rehabilitation Facility. This was confirmed during interviews with those inmates identifying as gay or bisexual, and by reviewing their cell assignments. Each indicated they were not currently or ever housed on dedicated housing. Nine of ten stated they were treated well.

Information from the Sexual Risk Indicators is only shared on a need to know basis and is pass word protected.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews of the Warden, PREA Compliance Manager, and segregation staff verified inmates at high risk of sexual victimization would not be placed in involuntary segregation unless other measures have been assessed, but that prior practice IAW Florida DOC policy inmate was sent to administrative segregation and then an assessment was done within 24 hours. Other measures included moving

housing areas or facilities. The new policy is an assessment is completed using DC6-2084, PREA Victim Housing Preference form to document assessment prior to placing in involuntary administrative segregation. It was confirmed through Pre-Audit Questionnaire; investigative paperwork; and during interviews with the Warden, staff who supervise segregated inmates, and inmates; that six (6) inmates at high risk for sexual victimization had been placed in involuntary segregated housing for less than 24 hours during the past 12 months prior to the audit. Two (2) of the six (6) were in involuntary segregation for more than 30 days. All of these were early in the cycle and based on interviews and review of investigations inmates at high risks for sexual victimization were not placed in involuntary segregated housing automatically following an allegation for the past four (4) months.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Graceville Correctional and Rehabilitation Facility inmate handbook, PREA handouts, and posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Interviews of inmates and staff verified they knew of the multiple internal and external ways to report incidents of abuse or harassment, and retaliation. Inmates can report verbally and in writing to staff; TIPS line to Florida DOC OIG; using the grievance system; and through a third party. The auditor called the TIPS line Monday morning and left a message; and they responded to the facility by email early afternoon of the next day which does not meet the standard. Informational posters are available at the entrance of the Graceville Correctional and Rehabilitation Facility and inside the visiting area informing family and/or friends how they can report sexual abuse/sexual harassment on behalf of the inmate if necessary. Additionally, inmates' family members/friends can contact the GEO PREA Coordinator by phone, email or letter.

The auditor determined Graceville Correctional and Rehabilitation Facility inmates could not report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Standard 115.51(b) The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Finding: The TIPS line is a recording and does not immediately forward the information to the facility officials. During audit, the auditor called the outside line twice in the morning, both times going to a recording, and the agency responded the afternoon of next day. The standard does not allow for a recording to be the outside agency. Florida DOC was using the local Rape Crisis Centers but the private facilities holding Florida DOC inmates were not part of the contract. The auditor called the hotline, and the staff was not sure if they would take a report from a private facility (do not see in MOU to take reports from private facilities) and if did procedures would be to contact on duty Captain, send a release of information form for the Captain to take to the inmate to sign, Captain sends back to advocate who then would do a report, and send to Captain, Warden, and FDC PREA Coordinator. This process would not allow it to be anonymous.

Corrective Action Plan. Establish an agreement with a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Provide a copy of the agreement to the auditor and documentation that inmates have been informed of the process. GEO and Gulf Coast Children Advocacy Center signed a MOU on July 23, 2018 with an effective date of September 1, 2018. Gulf Coast Children Advocacy Center will provide a 24/7 hotline and mailing address for inmates to report sexual abuse and harassment (including confidentially); to receive outside confidential support services from a victim advocate; a victim advocate to be with the victim during a forensic exam and investigation; crisis intervention and follow-up; and referrals after release. In August PREA posters were updated with the new information and townhalls were conducted to educate the inmates. The auditor reviewed the MOA, posters and information from the townhalls conducted. The auditor also interviewed the Gulf Coast Children Advocacy Center staff. The auditor found the facility meet standard.

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 GEO 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 or at the toll free phone number (866) 568-5425. Employees may also contact the Corporate PREA Director directly at (561) 999-5827.

Interviews of inmates and staff and review of investigations verified inmates knew of and used multiple internal and external ways to report incidents of abuse or harassment, and retaliation. During the inmate interviews 30 of the 33 inmates knew ways to report PREA. Sixteen (16) of 16 staff knew the different ways they and the inmates could report PREA allegations. Examples of inmate reporting through different means were reviewed when investigative cases were reviewed. Most were reported to staff to include medical staff, and there was one using the TIPS hotline (recording). Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are promptly documenting any verbal reports.

Graceville Correctional and Rehabilitation Facility does not detain offenders solely for civil immigration purposes.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed 33-103.005 (Informal Grievance) and 33-103.006 (Formal Grievance) and Inmate Handbook. Graceville Correctional and Rehabilitation Facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; ensures that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint; and issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. PAQ and interviews of staff indicated there were no sexual abuse grievances during the audit period.

To file a grievance the inmate fills out the grievance form (DC-1303) with what he is alleging, seals the document and places it in a locked grievance box. The grievance is picked up by the grievance staff member only. If the document alleges sexual abuse, the PREA Compliance Manager. The inmate must be seen within 48 hours. Once the allegation is turned over to the IG, the grievance office notifies the inmate that the grievance process ends, and the IG is conducting a PREA investigation. The auditor reviewed one PREA grievance that was closed as a grievance and was investigated as a PREA allegation. The PREA Compliance Manager and grievance staff person confirmed this process. This grievance form is available on the Agency web page for family and friends of any inmate to file a grievance on his behalf.

Graceville Correctional and Rehabilitation Facility may discipline an inmate for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Florida DOC Procedures Number 602.053 states inmates shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations; and the facilities shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Information is provided to the inmates through various means from fliers to posters throughout the facility.

Standard 115.53(a) The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Finding. The auditor called RAINN hotline during the tour and RAINN connected the auditor with a victim advocate from House of Ruth in Alabama. They would not provide support to the inmate because the facility was out of state and there was no agreement to provide the service. Florida DOC contracts does not include contracted facilities for Victim Advocate Support. The PREA Compliance Manager did contact Gulf Coast Agency in November and December 2017, but they would not provide the service. The auditor contacted Gulf Coast, the issue is they require payment for the service. RAINN does not conduct confidential emotional support services related to sexual abuse through written communication. Most of the inmates (19 of 30) inmates interviewed did not know they could contact an outside victim advocate. The auditor finds the facility does not meet the standard.

Corrective Action Plan. GEO needs to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. GEO is pending review of a draft contract with Gulf Coast Children Advocacy Center, separate from the Florida DOC contract. Provide a copy of the agreement to the auditor and documentation that inmates have been informed of the process. GEO and Gulf Coast Children Advocacy Center signed a MOU on 23 July 2018 with an effective date of 1 September 2018. Gulf Coast Children Advocacy Center will provide a 24/7 hotline and mailing address for inmates to report sexual abuse and harassment (including confidentially); to receive outside confidential support services from a victim advocate; a victim advocate to be with the victim during a forensic exam and investigation; crisis intervention and follow-up; and referrals after release. In August PREA posters were updated with the new information and townhalls were conducted to educate the inmates. The auditor reviewed the MOA, posters and information from the townhalls conducted. The auditor also interviewed the Gulf Coast Children Advocacy Center staff. The auditor found the facility meet standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

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

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

GEO Policy 5.1.2-A establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. GEO website outlines GEO methods to receive third party reports of sexual abuse and sexual harassment. GEO website states "To report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program or if you were previously housed in a GEO facility or program and need to report an allegation of sexual abuse/harassment, you may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our Locations page for each facility's contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator Phebia Moreland directly (see contact information below). It is critical that you provide as many details as possible to help us investigate the allegation: The names and locations of alleged persons involved; Individual's register/booking number (if known); Date, time and location of where the alleged incident occurred; The names of any witnesses to the alleged incident; A brief description of the alleged incident; Your contact phone number and address if you wish to do so." Throughout the facility to include visitation there are PREA fliers with third party reporting information for Florida DOC and GEO posted for visitors, staff and inmates to see. Interviews with inmates demonstrated they knew how third-party reporting could be accomplished.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Florida DOC Procedures Number 602.053 and GEO employee handbook require 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. The auditor interviewed 16 staff, all 16 staff interviewed knew their reporting responsibilities. Health practitioners during interviews stated they are required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Review of investigative files; and interviews of staff verified staff immediately report to the facility's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment to include retaliation for reporting sexual abuse/harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility's designated investigator.

If the alleged victim is considered a vulnerable adult under a State vulnerable person's statute, The GEO Group reports the allegation to the designated State or local services agency under applicable mandatory reporting laws. Graceville Correctional and Rehabilitation Facility has not had a PREA incident involving vulnerable persons which required mandatory reporting.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Pre-Audit Questionnaire reported six cases of inmates at substantial risks of imminent sexual abuse in the last 12 months. Staff take appropriate action immediately. Florida DOC Procedures Number 602.053 requires staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. Interviews with 16 staff demonstrated all 16 staff members knew the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Investigator, PREA Compliance Manager and Warden. Interviews of the Warden, the PREA Compliance Manager, and random staff indicated the safety of the inmate at risk would be their primary concern. They indicated their first course of action would be to seek out the inmate in imminent risk, isolate him and notify their supervisor and holding the inmate until further directed from the supervisor. Graceville Correctional and Rehabilitation Facility has a number of housing units within the facility where the inmate could be placed, or the inmate could be moved to another DOC facility. Placement in segregated housing area would be his last resort.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Florida DOC Procedures Number Procedure 602.053 requires when an allegation that an inmate was sexually abused while confined at another institution, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation; that all sexual abuse allegations reported by another institution regarding any inmate that was confined at the Graceville Correctional and Rehabilitation Facility be fully investigated. Interviews with the Warden, PREA Compliance Manager, and investigator confirmed their knowledge of the policies and responsibilities to report any allegations by an inmate they had alleged to have happened at another facility and investigate any allegations that may have occurred at Graceville Correctional and Rehabilitation Facility that was reported by another facility. Based on the PAQ and staff interviews Graceville Correctional and Rehabilitation Facility had no sexual abuse allegations alleged to have occurred at Graceville Correctional and Rehabilitation Facility reported back to them from other facilities and there were no sexual abuse allegations reported to Graceville Correctional and Rehabilitation Facility staff occurring at another facility during the previous twelve (12) months either.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Florida DOC Procedures Number 602.053 outlines procedures to respond to an allegation of sexual abuse for both security and non-security staff. Staff receive training on how to respond to allegations of sexual abuse and sexual harassment. Staff have a card they carry that describes the steps a first responder would take. The PREA First Responder card helps the employee with their duties and responsibilities in regard to PREA. Random interviews with security (14) and non-security staff (2) confirmed all security and non-security staff interviewed were very knowledgeable what to do upon learning an inmate was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence. Based on staff and inmate interviews, and review of policy and investigations; the first security staff member to respond to an allegation that an inmate was sexually abused shall: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could

destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GEO Policy 5.1.2-A requires facilities to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Graceville Correctional and Rehabilitation Facility PREA Coordinated Response Plan coordinates actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan includes a checklist which is used during PREA incidents. Interviews with staff (first responders, medical and mental health practitioners, investigators, and institution leadership), and review of investigative files confirmed staff were very knowledgeable about the PREA plan and the coordinated duties and collaborative responsibilities. Staff has also been issued a card with first responder information.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Graceville Correctional and Rehabilitation Facility has no collective bargaining units. GEO Policy 5.1.2-A addresses collective bargaining units and states in every case remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. Review of investigations and inmate interviews demonstrate alleged staff abusers are separated from alleged inmate victims.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Florida DOC Procedures Number 602.053 require a staff member monitor for retaliation against staff or inmates who reported or had been sexually abused or harassed; provided multiple protection measures for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; monitoring the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff; and conducting periodic status checks through interviews at least every seven days. Monitoring will occur for at least 90 days following the report of the allegation and may go beyond the 90 days if the monitoring indicates a continuing need.

Records of monitoring is kept on their automated system as case management entry. The auditor reviewed two monitoring entries prior to the audit and ten (10) monitoring entries during the on-site audit. Monitoring notes included comments from review of inmate records for changes that may

suggest possible retaliation to include disciplinary action; and comments from the face to face meeting with the inmate. The monitoring is done approximately every 30 days. Interviews of staff who do the monitoring demonstrated good knowledge of the process and combined with inmate interviews verified monitoring was done.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews of the Warden, PREA Compliance Manager, and segregation staff verified inmates who is alleged to have suffered sexual abuse would not be placed in involuntary segregation unless other measures have been assessed, but that prior practice IAW Florida DOC policy inmate was sent to administrative segregation and then an assessment was done within 24 hours. Other measures included moving housing areas or facilities. The new policy is an assessment is completed using DC6-2084, PREA Victim Housing Preference form to document assessment prior to placing in involuntary administrative segregation, if not done before within 24 hours after the assessment. Two inmates interviewed who alleged a PREA allegation (sexual harassment) stated they were not placed in segregation while the alleged perpetrator was placed in segregation. Graceville Correctional and Rehabilitation Facility follows Florida DOC Procedures Number 602.053 and uses Florida DOC DC6-2084, PREA Victim Housing Preference form to document assessment.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

By Florida Statute 944.31, the Florida DOC OIG is responsible for conducting prison investigations (criminal and administrative). The facility investigator can and does administrative PREA allegations. Review of the PREA investigation tracking log showed five (5) PREA allegations in the last 12 months. Prior to the audit, the auditor reviewed two facility investigations, one completed by the facility investigator and the other by a Florida DOC OIG investigator. During the on-site audit, the auditor reviewed 10 closed cases over the last three (3) years (One (1) from 2018; seven (7) from 2017; and two (2) from 2016). The cases reviewed included five (5) IISA (three (3) unsubstantiated, two (2) unfounded); three (3) IISH (two (2) unsubstantiated, one (1) unfounded); and two (s) SISA (one (1) unsubstantiated and one (1) unfounded). All the cases were referred to the appropriate investigative agency.

Based on review of GEO Policy 5.1.2-E, Florida DOC Procedures Number 108.015, investigation tracking logs, investigative cases, and interviews of investigators; all PREA allegations are investigated promptly, thoroughly, and objectively. The investigators interviewed stated that they collect the appropriate direct and circumstantial evidence, reviews the video tapes, interviews the alleged victim, suspected perpetrators, and witnesses, and reviews prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigators interviewed also stated that the credibility of the victim, suspect, or witness is always assessed on an individual basis. Polygraphs are not used in PREA investigations.

When conducting administrative investigations, the Investigator determines whether staff actions or failures to act contributed to the abuse. The auditors reviewed 10 investigation reports and found them to include a description of the incident, the evidence collected, and summaries of interviews. Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Based on review of GEO Policy 5.1.2-E, Florida DOC Procedures Number 108.015, investigation tracking logs, investigative training records and interviews of investigators; sexual abuse allegations are investigated by investigators who have received special training in sexual abuse investigations.

Investigations are not ended because the victim or the abuser is no longer under the custody of the agency. This would also be the case if the alleged abuser was a staff member and resigned from the facility; the investigation would go on until its conclusion. The GEO Group retains all written reports for as long as the alleged abuser is incarcerated or employed by The GEO Group, plus five years.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of Florida DOC Procedures Number Procedure 108.015 (Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations) Graceville Correctional Facility investigations; and interviews with the investigator and administrative staff confirms the Graceville Correctional and Rehabilitation Facility imposes a standard of preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the investigators were asked what standard of evidence was used in determining if an allegation is substantiated, the agencies policy was recited confirming compliance with the standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Florida DOC Procedures Number Procedure 602.053 and 108.015 state the process that inmates are notified of the results of the case. Inmates who make an allegation of sexual abuse are allowed to review the final report and provide a statement as to the accuracy of the report at the conclusion of the investigation. This is how the inmate is informed of the results of the case. The inmate is also notified of whenever the staff member is no longer posted within the inmate's unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented. Inmate and staff interviews verified notifications are being done in writing. Prior to the audit, the auditor reviewed two notifications, during the audit the auditor reviewed five additional notifications conducted, all were done timely. Two inmates interviewed who had been sexually harassed stated he was informed of the results of the investigation.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Per GEO Policy 5.1.2-E, GEO employee handbook, and interviews with staff: staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were no substantiated cases against staff during the reporting period.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GEO Policy 5.1.2-E prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Review of investigations and interview of the Warden and investigator demonstrated there have been no substantiated allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Florida DOC Rules 33-601.301 and 33-601.314 (Inmate Discipline); and interviews with staff; inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories; and considers whether an inmate’s mental disabilities or mental illness contributed to his or her behavior. Graceville Correctional and Rehabilitation Facility prohibits all sexual activity between inmates and discipline inmates for such activity. Per 33-601.301 substantiated cases of sexual battery or attempted sexual battery may result in loss of all good time and 60 days of disciplinary segregation; and substantiated cases of sexual activity (not sexual abuse) may result in the loss of 90 days of good time and 30 days of disciplinary segregation. There have been no substantiated finding and disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Florida DOC Procedures Number Procedure 602.053 states if the results of an SRI assessment or medical assessment indicate that an inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the screening. Prior to the audit, the auditor reviewed four (4) referrals within 14 days of the PREA screen. During the audit, through the review of four additional PREA screens and medical and mental health records, it was determined inmates who reported prior sexual victimization

or previously perpetrated sexual abuse were offered consults with medical and mental health practitioners within 14 days of the screen. Interview of two screeners demonstrated medical and mental health staff are notified and the inmate is offered a referral. Interviews of medical and mental health staff and inmates confirmed inmates were offered referrals. Interviews of medical and mental health staff confirmed any information related to sexual victimization or abusiveness that occurred in the institution is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

The auditor interviewed six (6) inmates interviewed who disclosed prior victimization reported they were offered medical and mental health consultation within 14 days, three (3) declined, and those that accepted referral said the staff was very professional. The computerized SRI assessment automatically notifies medical and mental health once the individual performing the assessment checks prior victim or prior abuser. During the inmate interviews, one inmate stated, "mental health staff were very professional dealing with my prior victimization."

Florida DOC Procedures Number Procedure 602.053 mandates that information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Florida DOC Procedures Number Procedure 602.053 states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment; inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Qualified medical practitioners are on duty 24 hours. The auditor interviewed five medical staff and one mental health staff and all were knowledgeable of the steps following an alleged sexual abuse allegation and their responsibilities. The medical and mental health staff interviewed explained the process to include that the alleged victim is first taken to the facility medical area where they receive life threatening first aid pending the SART team arrival at the facility to perform a forensic exam by a Sexual Assault Nurse Examiners (SANEs) or qualified medical practitioner from Panhandle Forensic Nurse Specialist Inc. The auditor reviewed the qualifications and certificates of two staff (MD & LPN) employed by the Panhandle Forensic Nurse Specialist Inc. The auditor interviewed the MD who said those conducting the forensic exams are trained SANE/SAFE. Following the forensic exam, a nurse reviews the forensic exam documentation, and refers the inmate for medical and mental health services. The inmate is prioritized for sick call and continues sexually transmitted infections prophylaxis if required. Per Florida DOC Procedures Number Procedure 401.010 the medical services related to PREA allegation is at no costs regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Forensic exams are done for up to 96 hours since the time of the incident. The auditor reviewed the documentation of forensic exam in 2017.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Based on review of Florida DOC Procedures Number 602.053, medical and mental health documentation; and interviews with staff and inmates demonstrate Graceville Correctional and Rehabilitation Facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Medical and Mental Health practitioners indicated that the evaluation and treatment of anyone victimized includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The auditor reviewed cases where medical and mental health evaluations and follow-up services and treatment plans were provided. Graceville Correctional and Rehabilitation Facility provides victims with medical and mental health services consistent with the community level of care. 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. Based on documentation and interviews of mental health staff, mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse. Staff interviews consistent with community level of care if not more.

Standards 115.83 (d) and (e) are non-applicable as Graceville Correctional and Rehabilitation Facility is a male only facility.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Florida DOC Procedures Number Procedure 602.053 requires the facility to conduct a sexual abuse or sexual battery incident review within thirty (30) days of the conclusion of the investigation by completing the "Sexual Abuse Incident Review/Facility Investigation Summary," DC6-2076. The form contains the name(s) of the person(s) involved; events leading up to and following the incident; and addresses: whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor reviewed two incident reviews prior to the audit, and seven during the on-site audit. The review occurs within 30 days of the conclusion of the investigation. The review team includes the Warden, Associate Warden, PREA Compliance Manager, Mental Health, and Chief of Security; and receives input from line supervisors, investigators, and medical or mental health practitioners. The three incident review team members interviewed and were very knowledgeable of the process.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GEO Policy 5.1.2-A requires the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. GEO facilities provide monthly reports and PREA surveys to GEO headquarters. A monthly PREA Incident Tracking log is used to collect and provide the GEO PREA Coordinator data on sexual abuse and harassment incidents. Per conversation with GEO staff the data is aggregated. Upon request from DoJ, GEO provides the data. The auditor reviewed GEO PREA portal, Graceville Correctional and Rehabilitation Facility monthly PREA tracking log, GEO 2015, 2016, and 2017 annual PREA report, and the Florida DOC 2015 Annual PREA reports all of which included Graceville Correctional and Rehabilitation Facility data. Graceville Correctional and Rehabilitation Facility collects uniform data to be used by GEO and Florida DOC.

GEO does not contract its inmates to other facilities (115. 87 (e)).

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GEO Policy 5.1.2-A requires GEO to review 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 actions. Graceville Correctional and Rehabilitation Facility provides their data to the Florida DOC for publication in their annual report.

The GEO annual report is very comprehensive in scope, provides data, an assessment of its PREA program and areas of focus, and includes the agency's progress in meeting the PREA Standards. The GEO home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, and the 2017 GEO PREA annual report. The auditor previously reviewed the GEO 2013, 2014, 2015, and 2016 PREA annual reports. GEO continues to publish one of the better annual reports the audit team has reviewed. The GEO 2017 PREA annual report includes a comparison of 2016 and 2017 data; an assessment GEO's effectiveness of its sexual abuse prevention, detection, and response policies and actions to eliminate sexual abuse and sexual harassment. Actions included policy updates, new corporate data base, additional training for investigators, ad emphasis on transgender searches during annual training. The GEO website PREA tab is easy to find and is very informative.

The auditor reviewed Florida DOC Annual PREA reports. The Graceville Correctional and Rehabilitation Facility data was listed in the report. Florida DOC Annual Reports do not include a comparison for each facility by previous years and problem areas.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Review of GEO Policy 5.1.2-A, website, storage of documents at the facility, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All GEO institution data is in the annual report and posted on the website, only the last report is posted. GEO maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the GEO Retention Records Schedule. Before making aggregated sexual abuse data publicly available, GEO removes all personal identifiers. Compliance Managers are responsible for uploading all related documents to the facility’s electronic retention file once a PREA case is completed. The PREA Compliance Manager confirmed this during his interview.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GEO did complete a PREA audit of all the correctional facilities within the first cycle as required by the standard. The first cycle of PREA audits were conducted between August 2014 and September 2017. All GEO facilities have received a PREA audit since August 20, 2013. The agency is tracking with one-third of their facilities each year in the current second cycle. The final reports for each of these audits are published to the GEO public website. The auditor was provided full access to observe all areas of the facility and access to any staff member or inmate as requested. A private setting was provided for

interviews and the facility was very accommodating with escorting inmates to and from the interview area in an organized and appropriate manner. Facility staff members were pleasant and forthcoming with information during formal and informal interviews and made themselves available timely. Audit notifications posted throughout the facility provided opportunity for inmates to send confidential letters to the auditor prior to the audit, although none were received. All documents and access to documents requested by auditor was made readily available for review.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GEO places completed audit reports on the Agency web site as required by the standard. It has provided these documents since 2013 and continues to post them within 90 days of the documents being provided to them by the auditor. Interviews of the PREA Coordinator and review of GEO website confirms that the agency publishes PREA final reports making them available to the public.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

DAVID HAASENRITTER

February 2, 2019

Auditor Signature

Date

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

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