PREA AUDIT REPORT ☐ INTERIM ■ FINAL

ADULT PRISONS & JAILS

NATIONAL PREA RESOURCE CENTER

Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information				
Auditor name: Hubert L. "Buddy" Kent				
Address: P.O. Box 515				
Email: auditorbuddykent@yahoo.com				
Telephone number: 850-509-1662				
Date of facility visit: May 27-28, 2015				
Facility Information				
Facility name: Moore Haven Correctional Facility				
Facility physical address: 1282 St. Rd. 78 E. Moore Haven, FL				
Facility mailing address: *(if different from above)* P.O. Box 693, Moore Haven, FL				
Facility telephone number: (863)946-2420				
The facility is:	☐ Federal	☐ State	☐ County	
	☐ Military	☐ Municipal	■ Private for profit	
	☐ Private not for profit			
Facility type:	■ Prison	☐ Jail		
Name of facility's Chief Executive Officer: Craig Hanks				
Number of staff assigned to the facility in the last 12 months: 149				
Designed facility capacity: 985				
Current population of facility: 976				
Facility security levels/inmate custody levels: Medium, Minimum and Community				
Age range of the population: 18-71years of age				
Name of PREA Compliance Manager: Gary Woznick		**Title:**	Fire and Safety	
Email address: gwoznick@geogroup.com		**Telephone number:**		
Agency Information				
Name of agency: The GEO Group				
Governing authority or parent agency: *(if applicable)*				
Physical address: One Park Place, Suite 700, 621 Northwest 53rd Street, Boca Raton, Florida 33487				
Mailing address: *(if different from above)*				
Telephone number: 561-999-5827				
Agency Chief Executive Officer				
Name: George C. Zoley		**Title:**	Chairman of the	
Email address: gzoley@geogroup.com		**Telephone number:**	561-893-0101	
Agency-Wide PREA Coordinator				
Name: Phebia L. Moreland		**Title:**	Director, Contract	
Email address: pmoreland@geogroup.com		**Telephone number:**	561-999-5827	

AUDIT FINDINGS

NARRATIVE

The audit team proceeded to the conference room in the Administration building. The team expressed the appreciation for the opportunity to be involved with Moore Haven Correctional Facility in the PREA process. The following persons were in attendance:

Craig Hanks, Warden
Gary Woznick, PREA Compliance Manager
William Hamilton, Chief of Security
Phebia L. Moreland, PREA Compliance Coordinator

After a brief discussion about the audit, the team proceeded to the compound for a facility tour. The tour of the facility was conducted on May 27, 2015 from 10:30 am to 12:00 noon. There are a total of four buildings on the main unit grounds. The design capacity for the facility is 985. The population at the time of the audit was 976. The average daily population for the previous twelve months was 979. The age range of the inmates assigned to the facility is from 18 to 71 years of age.There have been 1056 inmates assigned to Moore Haven Correctional Facility during the previous twelve months for 72 hours or more. On the days of the audit there were no inmates assigned prior to August 20, 2012. The average length of supervision is five years or less. The custody level of the inmate population is Medium to Community. There is 149 total staff assigned. There was 149 staff hired during the past twelve months. The contract went into affect on February 1, 2014. The areas toured were a total of ten multi occupancy cell housing units, ten open bay dormitory housing units and various departments within the secured perimeter. The open bay housing units are listed as A and B building there are five separate housing units in each building with 60 beds each. Building C and D are cell units. There are a five double occupancy cell units in each building. One building has a capacity of 250 beds and the other is 236 beds.

The various departments toured were Classification, Food Service, Medical, Mental Health, and Security. Segregation/Confinement unit is 22 cells in a security area utilized for disciplinary and administrative segregation. Segregation cells are single bunk cells with "boat" placed in cell when needed for a total bed capacity of 44. At the time of the audit the segregation count was 29. The Inmates are placed into Administrative Confinement pending disciplinary charges and pending protection needs (short term, no long term at this facility).

Upon arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. A list of all inmates currently housed at the facility that have had a PREA case was also requested. From these listings, one inmate from each housing unit, a segregated inmate, an inmate who reported sexual abuse or harassment, two inmates listed as non-heterosexual, and one sight impaired inmate were randomly selected. The language line was utilized to interview a limited English proficient inmate. There are no youthful inmates assigned to the facility. There were 31 self reported gay/bisexual inmates and no transgender or inter-sex inmates assigned to Moore Haven Correctional Facility. A total of 24 inmate interviews were conducted. Ten random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included twelve interviews for staff designated as: Intermediate/Higher-Level, Medical, Mental-Health, Contractor, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, Intake Staff and a Volunteer. During the tour the auditor randomly spoke with four staff and 22 inmates. There are 113 volunteers and 31 contractors approved to enter the facility on a daily basis. The majority of the contractors are medical staff.

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

DESCRIPTION OF FACILITY CHARACTERISTICS

The Moore Haven Correctional Facility is located in South Central Florida two miles north of Moore Haven at 1282 St. Rd. 78 E. and sits on 52 acres of land with approximately 223,113 sq. ft. of floor space. The facility was constructed in 1994 and began accepting inmates in July, 1995. The Geo Group, Inc. owns and operates the facility. The actual population at the time of the audit was 976 and the average population over the past twelve months was 979 inmates. The outside perimeter is secured by a microwave detection system and a 24 hour seven days a week patrol vehicle.

The facility has four inmate housing building: two cell-block buildings with five housing units per cell block building that house two men per cell and two open bay buildings with five housing units per building . Each housing unit has its own dining area and a day room. There are a total of 20 housing units. The day of the audit Housing Unit B-4 was closed for repair work. The facility has daily work and activities scheduled on a holistic basis. This allows the inmates an opportunity to receive a balanced program.

The Facility security consists of two perimeter fences. The inner fence is ten feet high and the outer is twelve feet in height. The fences are 20 feet apart and there is a zoned microwave detection system between the fences. Additionally the inner fence has two rows of razor wire at the top and bottom of the fence. The outer fence has three-double rows of razor wire at the bottom and two rows at the top.

The criminal profile of inmates housed at Moore Haven CF is varied. Offenses range from murder, manslaughter, kidnapping, sexual battery, lewd and lascivious act on a child, robbery, assault or battery, burglary and drug trafficking to drug sales. Sentences range from one year and one day to life imprisonment. The majority of inmates, 73% have five years or less remaining to serve on their sentence. The average age of the inmates is 36.

It is the mission of this facility to provide an integrated and holistic delivery of individual treatment programming to the inmate population. To facilitate this mission, the Moore Haven Correctional Facility will provide a safe, secure and cost effective operation, working under contract and in union with the Florida Department of Management Services. This service will be provided and our mission accomplished by maintaining a high level of internal security through careful selection, continuous training and long-term retention of qualified personnel. Moore Haven Correctional Facility will provide appropriate and timely self betterment programs to the inmate population in order to ease their transition back into society and to better their odds of becoming a law abiding and contributing member of society upon their release. Moore Haven Correctional Facility will be a good steward of the taxpayer's dollars by operating in a prudent and fiscally responsible and disciplined manner. We will maintain this stewardship by emphasizing efficient and effective management, competitive salaries and/or benefits and economical operating expense. Finally, Moore Haven Correctional Facility will operate in full compliance and in accordance with all applicable rules, policies and procedures and will achieve and maintain accreditation from the American Correctional Association for Adult Correctional Facilities.

SUMMARY OF AUDIT FINDINGS

115.13 Does Not Meet - staffing plan does not provide for adequate levels of staffing

115.12 Not Applicable-the facility does not contract with private agencies or other entities for the confinement of inmates. Facility is Private for Profit facility
115.14 Not Applicable-The facility does not house youthful inmates.
115.18 Not Applicable-The facility has not installed, upgraded or enhanced the camera system since August 20, 2012.
115.66 Not Applicable-Moore Haven Correctional Facility currently has no collective bargaining agreements.

Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 1

Number of standards not applicable: 4

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

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

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

The facility meets the standard based on the policy 602.053. This was confirmed in staff and inmate interviews. All were aware of the Zero tolerance policy. Staff was aware of prohibited behaviors regarding sexual assault and sexual harassment. Inmates received training upon arrival to the facility. Staff has been trained and is trained annually during in service training. The PREA Coordinator for GEO is very knowledgeable and provides assistance to the facility Compliance Manager, the Fire & Safety officer. The FDC PREA Coordinator provides assistance to GEO and ensures they are following FDC policy, procedure and guidelines on PREA. Institutional PREA Manager is the Fire and Safety Officer.

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

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

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Moore Haven Correctional Facility is a contract facility. They do not contract with other entities for the confinement of inmates.

Standard 115.13 Supervision and monitoring

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

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

The facility is to operate following Department of Corrections procedures. Staffing procedure are outlined in PPD 602.030. The facility operates at Level I staffing levels. Procedure 602.030 states Level II posts are essential to the daily normal operation of a facility. Operating at Level II allows all activities and programs to be marginally staffed. Level I posts are critical for the daily operation of a shift. The post chart shows one sergeant roving between A and B housing units and one officer per building to cover five housing units of 60 inmates each. No officers are assigned to the housing unit control room on day shift. C and D building have one officer for five housing units and one officer in the office station. One sergeant is to to rover between the two buildings. The camera monitors are located in the housing unit control room. The sergeant is assigned other secondary duties. This leaves one officer for five housing units. Daily housing logs reflect shift supervisors making unannounced rounds on all shifts. The facility post chart only reflects critical posts. There are no level II post listed. Level II post are normal operations post. The response teams are made up of segregation staff, escort staff and recreation officers. When an incident occurs recreation and segregation would be unsupervised for the time of the incident.

All cameras are fixed cameras they do not zoom nor cover all areas of the housing unit. There are areas in the dorms that the camera's do not cover.

The rosters requested were daily rosters showing staff working that shift. Quarterly rosters were provided showing the number of positions approved. I note that you do not fill the relief positions and the relief factor is 0.24. The relief factor is low.

Standard 115.14 Youthful inmates

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

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

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

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Policy prohibits visual body searches and body cavity searches by the opposite sex. Rule prohibits body cavity searches except by medical personnel. A review of search logs confirmed no cross gender visual body searches or body cavity searches were performed. Dormitory housed inmates are provided privacy while showering (half walls) and while using the bathroom. Female staff announce each time they enter into the housing units. This process was verified during the tour and with the interviews conducted with the inmates and staff. Housing Logs show the announcement made at the beginning of each shift. Housing and Control Logs show the Officer in Charge making unannounced rounds.

115.15 (a) -1: 33-602.204 Section 1a, 2a, 4, 3a, 3d pages 1-2
602.018 Section 2 pages 4-5
602.036 Section 2 pages 2-4

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

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

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

The auditor interviewed a limited English proficient inmate utilizing the Language Line. He indicated that staff has provided him information on PREA reporting. The inmate was interviewed and verified he had received PREA orientation in his primary language. The auditor verified a staff translator list was available. The Department has a contract with Language Line for all languages. The language line is available for use by staff when a staff translator is not available. There are posters in English and Spanish posted on the bulletin boards. Policy prohibits the use of inmate interpreters except in emergency situations or the inmate's safety would be compromised. Staff and inmate interviews all supported that inmates would not be relied on as translators. Facility had one sight impaired inmate assigned. He confirmed during the interview he was provided orientation by DVD. He understood how to report any abuse or harassment.

115.16 (a) -1 602.053 Sections 2e2 & 2e3 Page 8

Standard 115.17 Hiring and promotion decisions

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

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

Geo Procedure 5.1.2A states
GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated· for engaging in Sexual Abuse in confinement settings or the community.
b. Facilities shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Individuals in a GEO Facility or Program.
c. Each Facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees at least every five years.
d. GEO shall ask all applicants and Employees who may have contact with Individuals in a GEO Facility or Program directly about previous Sexual Abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current Employees. GEO shall also impose upon Employees a continuing affirmative duty to disclose any such conduct.
e. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
f. Unless prohibited by law, GEO shall provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former Employee upon receiving a request from an institutional employer for whom such Employee has applied to work. The facility is notified of any arrest by the Department of Corrections as soon as it is entered in the Live II system.

Standard 115.18 Upgrades to facilities and technologies

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

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

Standard is Not Applicable
The Maintenance Supervisor confirmed there have been no upgrades to the facility cameras since August 20, 2012

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

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Department of Corrections has a current agreement with the SART team to conduct evaluations. Investigative Officers confirm the Chain of Evidence Protocol during the interview process. Policy states no co pay for any PREA incident or follow-up. Mental health services are provided by Correct Care Solutions staff. Correct Care Solutions staff provides follow up counseling. The Abuse Counseling and Treatment Center and Moore Haven have a Memorandum of Understanding. Abuse Counseling and Treatment Center provides a Rape Advocacy Group (People Against Rape) available to respond to the facility. The Inspector General's Office is responsible for all investigations of sexual abuse or sexual harassment. Inspectors were trained by the Moss Group to conduct sexual assault investigations. Office of Inspector General conducts the sexual assault investigations determined to be criminal investigations.

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

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Interviews with Administrative staff and investigative staff corroborate that all reports of sexual abuse or harassment are reported to the OIG's office. Procedure 108.015 covers sexual abuse and harassment investigations. The agency ensures that an administrative or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015. During the past twelve months, there were six allegations; two sexual abuse and four sexual harassment. During the past twelve months, there were two allegations resulting in an administrative investigation. During the past twelve months, there were four allegations referred for criminal investigation. There were no staff on inmate abuse alleged.

Procedure 108.015 Page 7-8 Inspector Responsibilities

Standard 115.31 Employee training

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

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

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

Training records, staff interviews and curriculum reviewed indicated that the staff at Moore Haven Correctional Facility is trained. In the past twelve months, 149 of 149 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive.

115.31 (a) 1: Procedure 602.053 Section 2c Pages 7 & 8

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates have been trained on their responsibility under department policies. In the past twelve months, there have been 113 volunteers and 31 contractors who have been trained in the agency's policies. The facility maintains documentation of volunteer training in the training office. Medical maintains their training files in the medical department. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received.

115.32 (a) 1: Procedure 602.057 Section 1g1 Page 5

Standard 115.33 Inmate education

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

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

Intake process was observed, the inmate handbook was reviewed and interviews with staff and inmates revealed that inmates receive information at the time of intake about the zero tolerance policy and how to report instances of, or suspicions of sexual abuse or harassment. During the last twelve months 496 inmates were given this information at intake. Departmental policy also requires that inmates that were transferred to Moore Haven Correctional Facility are educated regarding their rights to be free from sexual abuse, harassment and retaliation. Inmates sign an acknowledgment form indicating they received and understand the PREA education. The signed acknowledgment is placed in the inmate master file.

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

Standard 115.34 Specialized training: Investigations

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

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

A review of the Inspector's training record along with his interview indicated he received specialized training in addition to general training provided to all employees. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.34 Procedure 108.015 Page 10 &11

Standard 115.35 Specialized training: Medical and mental health care

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

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

Medical and mental health practitioners who work regularly at Moore Haven Correctional Facility are trained. Each completes a read and sign document. "I confirm that I have read the contents of the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors- and am therefore eligible to receive two credits for training." The number and percent of all medical and mental health care practitioners who work regularly at this facility and have received training by the agency policy are 31 and 100% respectively. Specialized training is provided with Powerpoint presentations within the medical unit. The facility medical staff does not conduct forensic examinations.

115.35 Procedure 602.053 page 7 & 8

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The Department of Corrections has embarked on an aggressive initiative to reduce in-cell violence between inmates. The focal point of this initiative is to ensure inmates considered predators or potential predators are housed appropriately. Inmates that can be considered a danger to others should not be housed in cells with inmates who can be considered potential victims. To that end, a major system identifies these types of inmates as well as inmates that may be sexual aggressors or victims. The system is IBAS (Inmate Behavioral Assessment Scale).
The Department utilizes a complex web system designed by the Bureau of Classification Management to identify potential inmate predators, prey and those inmates at risk for sexual violence either as an aggressor or as a victim. This is a multi-tiered system that performs a variety of significant functions including ensuring appropriate housing of identified and potential predators and sexual aggressors. Criteria to include past violent convictions, violent disciplinary reports, STG affiliation, release dates, as well height and weight differentials are considered when housing inmates. The housing officer must review and approve any bed changes made.

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

Standard 115.42 Use of screening information

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

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

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

FDC Procedure 601.209 Page 5 and 6
FDC Procedure 602.053 page 6 and 7
FDC Technical Manual page 5 and 6

Standard 115.43 Protective custody

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

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

The administrative segregation unit is housed in Y housing unit. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no other available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter. Review shows there were no inmates in protective status for over 30 days during the past year.

FAC 33-602.220

Standard 115.51 Inmate reporting

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

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

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

Reports may be made on line by accessing the OIG website http://www.dc.state.fl.us/apps/igcomplaint.asp or www.geogroup.com/Reporting_Sexual_Abuse_PREA.

GEO Employees reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional service, available24 hours per day, 7 days a week on the Internet at www.reportlineweb.com/geogroup

FDC Procedure 602.053
FAC 33-103.006 Filing a Formal Grievance

Standard 115.52 Exhaustion of administrative remedies

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

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

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

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

FDC Procedure 602.053
FAC 33-103.006 Filing a Formal Grievance

Standard 115.53 Inmate access to outside confidential support services

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

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

The Memorandum of Agreement between Abuse Counseling and Treatment Center (ACT) and Moore Haven Correctional Institution is entered into for the purpose of establishing and maintaining community based services and valuable expertise for individuals from within the incarcerated population that may be victims of sexual abuse. Abuse Counseling & Treatment (ACT) agrees to:
Provide victim services for inmates reporting sexual abuse and/or harassment alleged to have occurred at the Moore Haven Correctional Facility to include counseling and treatment. The Abuse Counseling and Treatment Center has a Rape Advocacy Group (People Against Rape) available to respond to the facility. There have been no requests for access to a Rape Advocacy Group during the past twelve months.

FDC 602.053

Standard 115.54 Third-party reporting

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

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

Moore Haven Correctional Facility has third party reporting of sexual abuse or sexual harassment through the DCWEB email reporting system to the OIG reporting mailbox and also on the DC website. Inmates and staff acknowledged both during interviews. Third party reporting is available via the DCWEB and third party grievances. The TIPS line is an internal inmate reporting. The TIPS number is posted next to all phones

The third party grievance form is available on line at www.dc.state.fl.us/oth/inmates/prea-grievances.html. Citizens may complete report by accessing the OIG website http://www.dc.state.fl.us/apps/igcomplaint.asp

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.61 Staff and agency reporting duties

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

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.62 Agency protection duties

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.63 Reporting to other confinement facilities

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

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

Departmental policy requires upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred. The receiving Warden will complete a MINS reporting the incident to the Inspector General. Interviews of the Warden and PREA Compliance Manager demonstrated they knew the procedures to follow. During the previous twelve months there were two alleged incidents at other institutions reported during the intake process to staff. Documentation shows the Warden MINS'ed and notified the transferring warden of the incidents.

FDC 602.053 Prison Rape: Prevention, Detection, and Response
FDC 108.007 Reporting Incidents to the Inspector General and the Management Information System

Standard 115.64 Staff first responder duties

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

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

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

In the past twelve months there were two allegations of sexual abuse. In each case the staff member receiving the allegation separated the alleged victim and abuser.

FDC 108.015 Section 7b, 7e, 7g-l Page 5, 7r & 7u Page 6
FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 9-10 and 64

Standard 115.65 Coordinated response

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

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

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

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

Not Applicable
Moore Haven Correctional Facility has no collective bargaining agreements.

Standard 115.67 Agency protection against retaliation

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

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

Departmental procedure describes the policy and practice to be followed to ensure that there is no retaliation against any inmate or staff member who reported sexual abuse or sexual harassment. The PREA Compliance Manager is the staff member charged to ensure compliance to this policy. Classification staff monitors the conduct or treatment of inmates who reported sexual abuse and who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. Classification staff receive an appointment (IM05) to interview the inmate every 30 days. They conduct periodic checks up to 90 days but beyond if the PREA Compliance Manager feels the situation requires it. With inmate retaliation the Classification staff looks at inmate disciplinary reports, housing, and or program status changes. The HR monitors staff by reviewing performance reviews or reassignments and shift changes.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 10 (7)

Standard 115.68 Post-allegation protective custody

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

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

The Department has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Interviews with the Warden, Segregation Supervisor and some Segregation line staff all indicated that segregation has not been used during the last twelve months to protect an alleged victim. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter.

FAC 33-602.220 Administrative Segregation

Standard 115.71 Criminal and administrative agency investigations

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

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

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

FDC 108.015 Investigative Process

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

FDC 108.015 Investigative Process

Standard 115.73 Reporting to inmates

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

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

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

FDC 602.053
FDC 108.015

Standard 115.76 Disciplinary sanctions for staff

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

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

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

Florida Statute 944.35
FAC 60L-36.005 (3) d-g
GEO Policy 5.1.2 E Page 10

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

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

Standard 115.78 Disciplinary sanctions for inmates

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

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

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

FAC 33-601.314 Inmate Discipline

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

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.82 Access to emergency medical and mental health services

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

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

Procedures mandate the inmate victims of sexual abuse receive immediate access to medical and mental health services. Connect Care Solutions provides this service. Inmates receive information and timely access to contraception and to sexually transmitted infection prophylaxis.There is no cost for forensic exams or treatment to the inmate.

Health Services Bulletin 15.03.36
FDC 602.053 Prison Rape: Prevention, Detection, and Response

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

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

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

Procedure 602.053 requires all inmates be offered medical and mental health evaluations to those who were sexually abused in any prison, jail or juvenile facility including follow up services. Moore Haven Correctional, through Connect Care Solutions, offers mental health services to all known inmate abusers, if appropriate. The facility also offers mental health service to all know inmate victims as well. This practice was confirmed by interviews with Medical and Mental Health staff. Staff stated no inmates reported prior victimization during the intake process.

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

Standard 115.86 Sexual abuse incident reviews

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

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

Policy requires post incident reviews are done within 30 days of the conclusion of every investigation except were the allegation was unfounded. This was confirmed in interviews with the Investigator, Warden and PREA Compliance Manager. The Fire and Safety Manager-PREA Compliance Manager is to document the review in a report, including recommendations for improvements, if any to the Warden.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.87 Data collection

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

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

The Department of Corrections provided documents demonstrating data was being collected, aggregated and maintained. Data is collected from the MINS system. This collects data on inmate on inmate sexual assault and harassment cases and staff on inmate abuse and sexual harassment allegations. The PREA Coordinator has access to information in MINS. The information is aggregated for all to be placed in Annual Report. The report was completed and provided to DOJ in September 2015.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.88 Data review for corrective action

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

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.89 Data storage, publication, and destruction

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

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

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

Up to date survey information is submitted and verified by the GEO PREA Coordinator. GEO also maintains documents for the facility.

AUDITOR CERTIFICATION

I certify that:

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

Hubert L. "Buddy" Kent — June 10, 2016

Auditor Signature — Date