# Prison Rane Flimination Act (PRFA) Audit Report

1 115011	Adult Priso	•	Keport	
	☐ Interim	⊠ Final		
	Date of Report	September 10, 2018		
	Auditor In	formation		
Name: Hubert L. "Buddy	y" Kent	Email: auditorbuddyken	t@yahoo.com	
Company Name: Correction	onal Consultants			
Mailing Address: PO Box	515	City, State, Zip: Chattaho	ochee, FL 32324	
Telephone: 850-509-166	2	Date of Facility Visit: Septe	ember 25-27, 2017	
	Agency In	formation		
Name of Agency:		Governing Authority or Parent	Agency (If Applicable):	
The GEO Group Inc.		State of Florida		
Physical Address: One Park Place, Suite 700, 621 Northwest 53rd Street		City, State, Zip: Boca Raton	Florida 33487	
Mailing Address: Same as above City, State, Zip: Same as above		above		
Telephone:		Is Agency accredited by any or	rganization? X Yes No	
The Agency Is:	☐ Military	□ Private for Profit	☐ Private not for Profit	
☐ Municipal	☐ County	☐ State	☐ Federal	
<b>Agency mission:</b> 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 Info	ormation: https://www.geog	group.com/PREA		
	Agency Chief E	xecutive Officer		
Name: George C. Zoley		Title: Chairman of the Board, C	EO and Founder	
Email: gzoley@geogroup.	com	<b>Telephone</b> : 561-999-5827	7	

Agency-Wide PREA Coordinator					
Name: Phebia L. Moreland			Title:	Director, Contract	Compliance, PREA Coordinator
Email: pmoreland@geogrou	p.com		Telephor	ne: 561-999-58	27
PREA Coordinator Reports to	1			-	anagers who report to the
Daniel Ragsdale, Executive V Compliance	ce President, Contra	ct		ordinator 58 8 (Youth Services)	3 (US Corrections) 43 (Reentry ) = 109 total
	Facilit	ty Inf	ormati	on	
Name of Facility: Bay Core	ectional Facility				
Physical Address: 5400 Bar	line Drive, Panama Cit	y, Flori	da 32404		
Mailing Address (if different than	above): same as	abov	е		
<b>Telephone Number:</b> 850-7	59-1455				
The Facility Is:	☐ Military	$\boxtimes$	Private for	profit	☐ Private not for profit
☐ Municipal	☐ County		State		☐ Federal
Facility Type:	☐ Ja	il		$\boxtimes$	Prison
Facility Mission: 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 Bay 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. Bay 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. Bay 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, Bay 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.					
Facility Website with PREA In			oup.com/PRE		
Warden/Superintendent					
Name: C. Hanks		Title:	Facility	/ Administrator	
Email: Chanks@geogroup.co	om	Telep	hone:	850-769-1455 ext	236
Facility PREA Compliance Manager					
Name: K.Turner-Carr		Title:	Fire Sa	fety Manager/PR	EA
Email: Kturner-carr@geogro	up.com	Telep	hone:	850-769-1455 ex	xt 245

	Facility Health Service Administrator						
Name:	C. Lindsey	Title:	HSA				
Email:	clindsey@correctcaresolutions.com	Telepho	one:	850	0-769-1455 e	ext 245	
	Facility	y Chara	cteris	stics	<b>;</b>		
Designat	ed Facility Capacity: 985	Current	t Popu	ulatio	on of Facility	: 973	
Number	of inmates admitted to facility during the p	ast 12 m	onths	3			1085
	of inmates admitted to facility during the pas as for 30 days or more:	t 12 mon	ths wh	hose	e length of sta	ay in the	1085
	of inmates admitted to facility during the pas as for 72 hours or more:	t 12 mon	nths wh	hose	e length of sta	y in the	1085
	of inmates on date of audit who were admitte	ed to faci	lity pri	ior to	o August 20,	2012:	Geo took contract 2/1/2014, data not available
Age Range of Population: Youthful Inmates Under 18: N/A Adults: 18-76 years of age			of age				
Are youthful inmates housed separately from the adult population?		⊠ NA					
Number of youthful inmates housed at this facility during the past 12 months:			0				
Average length of stay or time under supervision: 60 months				60 months			
Facility so	Facility security level/inmate custody levels:  Community, minimum, medium			Community, minimum, medium			
Number o	of staff currently employed by the facility wh	o may ha	ve con	ntact	t with inmate	s:	197
Number of inmates:	of staff hired by the facility during the past 1.	2 months	s who r	may	have contact	with	197
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		7					
	Pł	nysical I	Plant				
Number	of Buildings: 3	Numbe	r of Si	ingle	Cell Housin	g Units: 0	
Number	of Multiple Occupancy Cell Housing Units:					12	
Number of Open Bay/Dorm Housing Units: 6							
Disciplin	Number of Segregation Cells (Administrative and Disciplinary:						
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.):							
43T							

Med	ical	
Type of Medical Facility:	Full Clinical	
Forensic sexual assault medical exams are conducted at: FDOC SART/ Bay Medical Center		
Oth		
Oth	lei	
Number of volunteers and individual contractors, who may hauthorized to enter the facility:	nave contact with inmates, currently	14 volunteers, 43 vendors and 32 medical contractors
Number of investigators the agency currently employs to inv	vestigate allegations of sexual abuse:	1

# **Audit Findings**

#### **Audit Narrative**

Two weeks prior to the on-site audit I received a disc with documents for the standards. One day prior to the on-site audit, the auditor picked up a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates. A list of all inmates currently at the facility by housing unit and Inmates with a physical or cognitive disability, inmates who are LEP, Transgender, intersex, gay, bisexual, inmates placed in segregated housing for their own protection from sexual victimization, inmates who reported sexual abuse that occurred in the facility, and inmates who reported prior sexual victimization during risk screening. From these listings, one (1) inmate from each housing unit, one (1) segregated inmate, three (3) who reported sexual abuse or harassment and five (5) listed as non-heterosexual or transgender, three (3) inmates with limited English speaking proficiency were interviewed utilizing the language line and one (1) inmate reporting sexual victimization. One (1) visual and one (1) hearing impaired inmate was interviewed. There are no youthful inmates assigned to the facilities. There were eleven (11) self-admitted gay/bisexual inmates and three (3) transgenders and no inter-sex inmates assigned to the facility. A total of twenty-seven (27) random inmate interviews were conducted. Ten (10) specialized inmate interviews were conducted. The IBAS identification system identified no potential predators or potential victims. Ten (10) random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The specialized staff Interviews included eighteen (18) 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, intake staff and a volunteer. During the tour the auditor randomly spoke with ten (10) staff and forty-eight (48) inmates. There are fourteen (14) volunteers, forty-three (43) vendors and thirty-two (32) medical contractors approved to enter the facility on a daily basis.

On arrival the team proceeded to the conference room in the administration building. The team expressed their appreciation for the opportunity to be involved with the Bay Correctional Facility in the PREA process. The team went over the schedule of the audit and additional items we would like to review. Following the entrance meeting with staff, the warden led a tour of the facility from 8:00 am to 11:30 am September 26, 2017. The auditors went back to certain areas in the institution on September 26-27, 2017. While touring several inmates and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. Most 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;

tested the inmate phone system for reporting allegations and institution operations. Following the tour, the auditor began the formal interviews, inmate intake and screening records, staff training records, documentation of inmate education, and sexual abuse investigation reports. During the past twelve (12) months, the number of allegations of sexual abuse and sexual harassment that were received is four. During the past twelve months, the number of allegations resulting in an administrative investigation is four. Two sexual abuse cases and two sexual harassment. There was one case closed. Bay CF does not house inmates solely for civil immigration. There are no youthful inmates assigned to Bay CF.

### **Facility Characteristics**

Bay Correctional Facility, located at 5400 Bayline Drive, Panama City, Florida, is a privately operated medium security institution with multiple custody levels assigned. The prison has a lawful capacity for nine hundred eighty-five (985) adult male felony offenders and houses medium, minimum, and community custody offenders with assessed medical grades of 1 through 3 and psychological grades of 1 through 3. The facility inmates are confined within a perimeter which includes 2 twelve-foot fences topped with double-row razor ribbons and secured at the bottom to a concrete skirt with additional razor ribbon. The inner perimeter fence is equipped with an electrical stun fence system. Perimeter security is enhanced by one armed mobile patrol outside the fences. The fence system includes adequate lines of sight and light to insure perimeter security both day and night.

Bay Correctional Facility is designed and constructed to house hearing impaired and mobility impaired offenders. There is a total of four (4) buildings housing inmates. Three of which are secure, two-man cell units and one housing unit consisting of open bay dormitories. In "A" Building, there are 4 housing units two-man cell units. Pod "A" is the designated, secure confinement unit which includes fifty-four (54) beds and is inclusive of administrative and disciplinary detention. Pod "B" contains fifty-six (56) beds, Pod "C" and Pod "D" each contain sixty-four (64) beds, giving Building "A" a total capacity of two hundred thirty- eight (238). Building E houses units "E, F, G and H" each consist of four (4) two-man cell units, each with a capacity of sixty-four (64) beds. This gives each of these housing units a total capacity of two hundred fifty-six (256) beds. Building F Houses units "J, K, L and M" each consist of four (4) two-man cell units, each with a capacity of sixty-four (64) beds. This gives each of these housing units a total capacity of two hundred fifty-six (256) beds. Housing unit "H" is the one open bay housing unit and contains "N, O, P Q, R and S" dorms. These house forty-eight (48) in each dorm with a capacity of forty-eight (48) offenders each for a building. This gives the unit a total capacity of two hundred eighty-eight (288) beds.

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

# **Summary of Audit Findings**

115.13 Facility has total of fourteen (14) staff to supervise the eighteen (18) housing units one of which is segregation. Segregation takes a minimum of three (3) staff to operate. This leaves eleven (11) staff to supervise seventeen (17) housing units. GEO is appealing the finding of the auditor.

115.33 Inmate education checking inmate files for records of inmate's education 2 out to court inmates and several housed for long term did not have documentation in the file supporting inmate education. Inmates questioned could not remember being educated on PREA but answered the question correctly. The long term inmates have been assigned prior to contract being awarded in 2014.

Inmate Education and Orientation was corrected on October 4, 2017. All inmates have received inmate education

115.51 D Inmate telephones for reporting goes to an answering machine. Department of Corrections contracted with Gulf Coast Children's Advocacy Center to answer the calls.

115.67 Retaliation based on records review and interviews show staff are not following up on disciplinary reports, gain time awards or housing assignments.

Recommend training staff on requirements of the policy.

Review of records and training show staff have been trained in retaliation review. Records reviewed show staff interviewing the inmate, checking his disciplinary record, housing assignment and program changes that may have accrued during the reporting period.

Number of Standards Exceeded:	0
Number of Standards Met:	
	38
Number of Standards Not Met:	
	1
Summary of Corrective Action (if	
any)	
Comments included in audit findings. There are for	our not applicable standards 12, 14, 18 and 66.

#### PREVENTION PLANNING

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

1	15.	11	(a)
---	-----	----	-----

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?

  □ 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 th	e agency employed or designated an agency-wide PREA Coordinator? ⊠ Yes □ No
•	Is the I	PREA Coordinator position in the upper-level of the agency hierarchy? $\boxtimes$ Yes $\square$ No
•	overse	he PREA Coordinator have sufficient time and authority to develop, implement, and e agency efforts to comply with the PREA standards in all of its facilities?
115.11	(c)	
•		agency operates more than one facility, has each facility designated a PREA compliance ler? (N/A if agency operates only one facility.) $\boxtimes$ Yes $\square$ No $\square$ NA
•	facility'	he PREA compliance manager have sufficient time and authority to coordinate the s efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  □ No □ NA
Audito	or Over	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
		<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
Instru	ctions f	or Overall Compliance Determination Narrative
Detect work ti private was ve require achiev	ion and me is sp facilitie ry knov ments o e comp	eets the standard based on the Policy and Procedure 602.053 Prison Rape: Prevention, Response. The Department has an agency wide coordinator. 98 percent plus of her bent on PREA. She coordinates with the other 49 institutional PREA managers and seven is. The PREA Coordinator reports to the Director of Institutions. The PREA Coordinator wledgeable about the PREA requirements and is considered very effective in meeting the of PREA. The institutional PREA Manager coordinates with all areas of the institution to liance with the standards. The organization chart and memo designating the PREA reviewed.

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

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)
☐ <b>Meets Standard</b> (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

GEO Corporation does not contract out for the housing of inmates assigned to their facilities. A Florida Department of Management Service has oversight of the contract. They have a contract monitor assigned on site to monitor the contract.

# Standard 115.13: Supervision and monitoring

11	5.	1	3	(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? $\square$ Yes $\boxtimes$ 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? $\square$ Yes $\boxtimes$ 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? $\square$ Yes $\boxtimes$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\square$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No $\square$ NA

•	State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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.) $\square$ Yes $\boxtimes$ No $\square$ NA
115.13	s (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? $\boxtimes$ Yes $\boxtimes$ 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? $\square$ Yes $\square$ 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? $\square$ Yes $\square$ No
115.13	s (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? $\boxtimes$ Yes $\square$ No
•	Is this policy and practice implemented for night shifts as well as day shifts? $oximes$ Yes $\oximin$ 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? $\boxtimes$ Yes $\square$ No

#### **Auditor Overall Compliance Determination**

$\boxtimes$	Does Not Meet Standard (Requires Corrective Action)
	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
	Exceeds Standard (Substantially exceeds requirement of standards)

#### **Instructions for Overall Compliance Determination Narrative**

Building "A" has a housing unit with no staff assigned to supervise. They rely on staff from another unit to do security checks. It has four separate quads A-1, A-2, A-3 and A-4. There are 2 officers assigned to A-1 (confinement) at all times and 1 officer assigned for the control panel in the A-1/A-2 side. There is one officer assigned for A-2 and another assigned for A-3/A-4. Quad 1-2 have 56 beds assigned. Quad 3-4 have 64 beds assigned.

Building "E" has two housing units with no staff assigned to supervise. There is a total of three staff assigned to supervise 4 units. Two staff rover between four housing units. They are separated by a hallway in the middle. There is one officer assigned to each side on an all-day basis and one officer assigned to rove in between the four quads and assist with checks and counts. Each quad has 64 beds assigned.

Building "F" has two housing unit with no staff assigned to supervise. Two staff rover between four housing units. They are separated by a hallway in the middle. There is one officer assigned to each side on an all-day basis and one officer assigned to rove in between the four quads and assist with checks and counts. Each quad has 64 beds assigned.

Building "H" has six housing units with two staff to rover between six housing units. There are three officers assigned to the dorm at all times on every shift. One officer must stay in the "H" dorm control room to operate the doors within the unit. The other two officers rove between the six wings, conduct security checks and counts. Each wing is an open bay setting with 48 bunks.

The facility disagreed with the auditor finding based on housing definition. They state a building is a housing unit. Each building has four quads and in one building six quads. The auditor based his finding on the working group definition of housing unit from the auditor manual. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations.

Video coverage of units was installed in the mid-nineties. The cameras are fixed without pan and zoom capabilities. The visitation area has pan and zoom cameras.

Shift supervisors make unannounced rounds in all housing units. The rounds are documented in housing unit logs and control room logs.

# Standard 115.14: Youthful inmates

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].) $\square$ Yes $\square$ No $\boxtimes$ 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].) $\square$ Yes $\square$ No $\boxtimes$ NA				
•	inmate	as outside of housing units does the agency provide direct staff supervision when youthful as and adult inmates have sight, sound, or physical contact? (N/A if facility does not have all inmates [inmates <18 years old].) $\square$ Yes $\square$ No $\boxtimes$ NA			
115.14	(c)				
•	<ul> <li>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 &lt;18 years old].)</li> <li>☐ Yes ☐ No ☒ NA</li> </ul>				
•	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].) $\square$ Yes $\square$ No $\boxtimes$ 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].) $\square$ Yes $\square$ No $\boxtimes$ NA				
Auditor Overall Compliance Determination					
		Exceeds Standard (Substantially exceeds requirement of standards)			
		<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)			
		Does Not Meet Standard (Requires Corrective Action)			

Facility does not receive youthful inmates per the contract.

an inmate housing unit?  $\boxtimes$  Yes  $\square$  No

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)
<ul> <li>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?</li> <li>☑ Yes □ No</li> </ul>
115.15 (b)
<ul> <li>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</li> <li>Does the facility always refrain from restricting female inmates' access to regularly available</li> </ul>
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?   No
<ul> <li>■ Does the facility document all cross-gender pat-down searches of female inmates?</li> <li>□ Yes □ No</li> </ul>
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

115.15 (e)	
inmat  If an i  conve	the facility always refrain from searching or physically examining transgender or intersex es for the sole purpose of determining the inmate's genital status? $\boxtimes$ Yes $\square$ No nmate's genital status is unknown, does the facility determine genital status during ersations with the inmate, by reviewing medical records, or, if necessary, by learning that nation as part of a broader medical examination conducted in private by a medical tioner? $\boxtimes$ Yes $\square$ No
115.15 (f)	
in a p with s Does inters	the facility/agency train security staff in how to conduct cross-gender pat down searches rofessional and respectful manner, and in the least intrusive manner possible, consistent ecurity needs? $\boxtimes$ Yes $\square$ No the facility/agency train security staff in how to conduct searches of transgender and ex inmates in a professional and respectful manner, and in the least intrusive manner ole, consistent with security needs? $\boxtimes$ Yes $\square$ No
Auditor Ove	rall Compliance Determination
	Exceeds Standard (Substantially exceeds requirement of standards)
$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (Requires Corrective Action)

Bay Correctional Facility is an **adult male** facility. Policy states shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances; and shall document all cross-gender strip searches and cross-gender visual body cavity searches. Based on documents reviewed and interviews of staff and inmates, Bay Correctional Facility has not conducted cross-gender strip searches or cross-gender visual body cavity searches in the last twelve months. Departmental Policy states institutions shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status; and if the inmate's genital status is unknown, it may be determined 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. Staff is trained 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. Through interviews of staff and inmates it was determined staff do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status, and only medical staff if needed would make that determination. Review of training records, lesson plans, and interviews of staff demonstrated staff had been trained to conduct 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.

Open Bay 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. Spot checks of the video confirm the unannounced rounds being made.

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

115.16 (a)	1	15	.1	6	(a)	١
------------	---	----	----	---	-----	---

•	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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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)? $\boxtimes$ Yes $\square$ No
•	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No

•	ensure	the agency ensure that written materials are provided in formats or through methods that e effective communication with inmates with disabilities including inmates who: Have I reading skills?   Yes  No
•	ensure	the agency ensure that written materials are provided in formats or through methods that effective communication with inmates with disabilities including inmates who: Are blind e low vision? $\boxtimes$ Yes $\square$ No
115.16	6 (b)	
•	Does t	the agency take reasonable steps to ensure meaningful access to all aspects of the y's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to es who are limited English proficient? $\boxtimes$ Yes $\square$ No
•	impart	ese steps include providing interpreters who can interpret effectively, accurately, and ially, both receptively and expressively, using any necessary specialized vocabulary? $\Box$ No
115.16	6 (c)	
	types obtain	the agency always refrain from relying on inmate interpreters, inmate readers, or other of inmate assistance except in limited circumstances where an extended delay in ing an effective interpreter could compromise the inmate's safety, the performance of first-use duties under §115.64, or the investigation of the inmate's allegations?   Yes  No
Audito	or Over	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)

The Department has established procedures to provide inmates with limited English proficiency 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. The Department ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The auditor interviewed three limited English proficient inmates utilizing the Language Line. They indicated that staff has provided them information on PREA reporting. 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 in the housing units. 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. An inmate translator was not used in a PREA allegation during the previous twelve months.

115.16 (a) -1 602.053 Sections 2e2 & 2e3 Page 8 Procedure 604.101 Page 9-11

### Standard 115.17: Hiring and promotion decisions

115.17 (a	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)? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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)? $\boxtimes$ Yes $\square$ 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?

•	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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No
115.17	(c)
	Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? $\boxtimes$ Yes $\square$ No
•	Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, makes 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No
115.17	<b>(f)</b>
•	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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No
•	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? $\boxtimes$ Yes $\ \square$ No

115.17	' (g)				
•		ne agency consider material omissions regarding such misconduct, or the provision of ally false information, grounds for termination? $\boxtimes$ Yes $\ \square$ No			
115.17	' (h)				
•					
Auditor Overall Compliance Determination					
	Exceeds Standard (Substantially exceeds requirement of standards)				
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)			
		Does Not Meet Standard (Requires Corrective Action)			
Instru	ctions f	or Overall Compliance Determination Narrative			
not allo	w hiring	ntal Policy for Background Investigation and Appointment of Certified Officers (208.049) does or promotions of anyone who has been convicted of sexual abuse in prison/jail or in ckground checks are done on all employees, contractors and volunteers. Background checks			

The Departmental Policy for Background Investigation and Appointment of Certified Officers (208.049) does not allow hiring or promotions of anyone who has been convicted of sexual abuse in prison/jail or in community. Background checks are done on all employees, contractors and volunteers. Background checks (FCIC/NCIC) are conducted on all new hires. The Department of Management Services is connected as a level II employer and any arrest is provided to the Department upon entry into the system. All volunteer and contract re-checks are completed annually and are up to date. GEO Policy prohibits the hiring or promoting of anyone convicted of sexual abuse in prison, jail or the community.

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

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

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

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

# Standard 115.18: Upgrades to facilities and technologies

11	5.	18	(a)
----	----	----	-----

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? 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	n, (N/A			
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				
☐ Exceeds Standard (Substantially exceeds requirement of standards)				
☐ <b>Meets Standard</b> (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				
Facility has not updated the video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.				

# **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.)
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 evidentiary or medically appropriate? ⊠ Yes □ No
<ul> <li>Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?</li></ul>
■ 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? $oximes$ Yes $\oximes$ No

Audito	or Over	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
Instru	ctions f	or Overall Compliance Determination Narrative
miscon Investi Investi Moss C agreen Chain c follow c 115.21 Page 8	duct, ar gative P gations of Group to nent with of Evide up. Men up couns (a)-3:Pi	ne Inspector General conducts all investigations of sexual abuse, sexual battery, staff sexual ad sexual harassment pursuant to section 944.31, Florida Statute., Procedure 108.003, rocess and Procedure 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct except when a Memorandum of Understanding is in place. Inspectors were trained by the conduct sexual assault investigations. The Department of Corrections has a current in Panhandle SART team to conduct forensic evaluations. Investigative Officers confirm the nice Protocol during the interview process. Policy is no colony for any PREA incident or tall health services are provided by Correct Care Solutions (CCS). Correct Care staff provides selling. The outside victim advocacy agreement is with Gulf Coast Children Advocacy Center.
	dard 1 stigati	115.22: Policies to ensure referrals of allegations for ons
		uestions Must Be Answered by the Auditor to Complete the Report
115.22	! (a)	
•		he agency ensure an administrative or criminal investigation is completed for all ions of sexual abuse? $oxtimes$ Yes $\oxtimes$ No
•		he agency ensure an administrative or criminal investigation is completed for all ions of sexual harassment? $\boxtimes$ Yes $\ \square$ No

115.22 (b)	
■ Does the agency have a policy and practice in place to ensure that allegations of sexual abus 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	е
■ Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? $\boxtimes$ Yes $\square$ No	су
■ Does the agency document all such referrals? $\boxtimes$ Yes $\square$ 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 ☑ N	
115.22 (d)	
<ul> <li>Auditor is not required to audit this provision.</li> </ul>	
115.22 (e)	
<ul> <li>Auditor is not required to audit this provision.</li> </ul>	
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)	

Interviews with administrative staff and investigative staff corroborate that all reports of sexual abuse or harassment are reported to the Inspector General's office. Procedure 108.015 covers sexual abuse and harassment investigations. A Management Incident Notification System document is completed on each incident and forwarded to the Inspector General's Office. The agency ensures that an administrative and/or 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, the number of allegations of sexual abuse and sexual harassment that were received is four. During the past twelve months, the number of allegations resulting in an administrative investigation is four. Two sexual abuse cases and two sexual harassment cases.

Procedure 108.015 Page 7-8 Inspector Responsibilities

#### TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

11	5	.31	(a)	١
----	---	-----	-----	---

	(a)
•	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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 $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No
•	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? $\boxtimes$ Yes $\square$ No
•	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No
•	Does the agency train all employees who may have contact with inmates on how to avoid

inappropriate relationships with inmates? ⊠ Yes □ No

•	comm	the agency train all employees who may have contact with inmates on how to unicate effectively and professionally with inmates, including lesbian, gay, bisexual, ender, intersex, or gender nonconforming inmates?   Yes  No
•	releva	the agency train all employees who may have contact with inmates on how to comply with nt laws related to mandatory reporting of sexual abuse to outside authorities? $\Box$ No
115.31	(b)	
•	Is such	n training tailored to the gender of the inmates at the employee's facility? $oximes$ Yes $oximes$ No
•		employees received additional training if reassigned from a facility that houses only male as to a facility that houses only female inmates, or vice versa? $\boxtimes$ Yes $\square$ No
115.31	(c)	
•		all current employees who may have contact with inmates received such training? $\Box$ No
•	all emp	the agency provide each employee with refresher training every two years to ensure that ployees know the agency's current sexual abuse and sexual harassment policies and dures? $\boxtimes$ Yes $\square$ No
•		rs in which an employee does not receive refresher training, does the agency provide ner information on current sexual abuse and sexual harassment policies? $\boxtimes$ Yes $\square$ No
115.31	(d)	
•		the agency document, through employee signature or electronic verification, those yees understand the training they have received? $\boxtimes$ Yes $\square$ No
Audito	r Over	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)

The facility trains all employees who may have contact with inmates on the following matters agency's 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; The right of inmates 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. Each employee, regardless of his or her position, is trained as a first responder.

Interviews of random staff and general questions asked during the tour clearly indicated staff understanding of all aspects of responding to allegations of sexual abuse. Training records, staff interviews and curriculum reviewed indicated that the staff is trained. In the past twelve months, 197 of 197 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive. Staff training records are maintained in a data base. Each staff receives an annual refresher course on PREA related topics.

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

#### Standard 115.32: Volunteer and contractor training

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

115.32 (	а
----------	---

■ 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)	
		<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (Requires Corrective Action)	
Instru	ctions f	or Overall Compliance Determination Narrative	
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 fourteen (14) volunteers, forty three (43) vendors and thirty two (32) medical contractors who have been trained in the agency's policies. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received. The facility maintains documentation of volunteer training in the chaplain's office. Medical maintains their training files in the medical department. Volunteers and contract staff interviewed discussed the agency's zero policy and articulated how to respond to an allegation of sexual assault.			
115.32	(a) 1: P	rocedure 602.057 Section 1g1 Page 5	
Stan	dard 1	115.33: Inmate education	
Stant	uaru	15.55. Inmate education	
All Ye	s/No Qı	uestions Must Be Answered by the Auditor to Complete the Report	
115.33	(a)		
•		intake, do inmates receive information explaining the agency's zero-tolerance policying sexual abuse and sexual harassment? $\boxtimes$ Yes $\square$ No	
•	_	intake, do inmates receive information explaining how to report incidents or suspicions of abuse or sexual harassment? $\boxtimes$ Yes $\ \square$ No	
115.33	(b)		
•	person	30 days of intake, does the agency provide comprehensive education to inmates either in or through video regarding: Their rights to be free from sexual abuse and sexual ment? $\boxtimes$ Yes $\square$ No	
•	person	30 days of intake, does the agency provide comprehensive education to inmates either in or through video regarding: Their rights to be free from retaliation for reporting such its? $\boxtimes$ Yes $\square$ No	
•	person	30 days of intake, does the agency provide comprehensive education to inmates either in or through video regarding: Agency policies and procedures for responding to such its? $\boxtimes$ Yes $\square$ No	

115.33	(C)	
	Have a	all inmates received such education? ⊠ Yes □ No
•	and pro	nates receive education upon transfer to a different facility to the extent that the policies ocedures of the inmate's new facility differ from those of the previous facility? $\Box$ No
115.33	(d)	
•		he agency provide inmate education in formats accessible to all inmates including those re limited English proficient? $\boxtimes$ Yes $\square$ No
•		he agency provide inmate education in formats accessible to all inmates including those te deaf? $\boxtimes$ Yes $\ \square$ No
•		he agency provide inmate education in formats accessible to all inmates including those e visually impaired? $\boxtimes$ Yes $\square$ No
•		he agency provide inmate education in formats accessible to all inmates including those te otherwise disabled? $oximes$ Yes $\oximin$ No
•		he agency provide inmate education in formats accessible to all inmates including those ave limited reading skills? $\boxtimes$ Yes $\square$ No
115.33	(e)	
•		he agency maintain documentation of inmate participation in these education sessions? $\hfill\Box$ No
115.33	(f)	
•	continu	tion to providing such education, does the agency ensure that key information is uously and readily available or visible to inmates through posters, inmate handbooks, or written formats? $\boxtimes$ Yes $\square$ No
Audito	or Over	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)

Departmental policy requires that all inmates receive PREA information upon arrival and PREA education as part of the Reception and Orientation process. During reception inmates are provided information through a PREA pamphlet and inmate rule book (both available in English and Spanish) that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents. During the intake process inmates view the PREA video and are given time to ask questions and staff stop the video and emphasis the points of zero tolerance and how to protect themselves from abuse and harassment. During orientation they receive additional training which expands on the previous information provided in the pamphlet and handbook. Inmates acknowledge receiving the PREA information in writing. Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates. Information provided included: inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. During the tour and interviews most inmates acknowledged the information being provided upon arrival and orientation. They knew the agency zero tolerance policy; the difference between sexual abuse and sexual harassment; and that they have the right to be free from retaliation for reporting such incidents. Inmate education checking inmate files for records of inmate's education 2 out to court inmates and several housed for long term did not have documentation in the file supporting inmate education. Inmates questioned could not remember being education to PREA but answered the question correctly. The long term inmates have been assigned prior to contract being awarded in 2014.

Inmates missing the documentation were educated on October 4, 2017. All inmates have received inmate education.

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

Inmate Education and Orientation was corrected on October 4, 2017. All inmates have received inmate education

# 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)		
the age	his specialized training include techniques for interviewing sexual abuse victims? [N/A if incy does not conduct any form of administrative or criminal sexual abuse investigations. 5.21(a).] $\boxtimes$ Yes $\square$ No $\square$ NA	
agency	his specialized training include proper use of Miranda and Garrity warnings? [N/A if the does not conduct any form of administrative or criminal sexual abuse investigations. 5.21(a).] $\boxtimes$ Yes $\square$ No $\square$ NA	
[N/A if t	his specialized training include sexual abuse evidence collection in confinement settings? he agency does not conduct any form of administrative or criminal sexual abuse rations. See 115.21(a).] $\boxtimes$ Yes $\square$ No $\square$ NA	
for adm	his specialized training include the criteria and evidence required to substantiate a case inistrative action or prosecution referral? [N/A if the agency does not conduct any form of strative or criminal sexual abuse investigations. See 115.21(a).] $\boxtimes$ Yes $\square$ No $\square$ NA	
115.34 (c)		
required not con	be agency maintain documentation that agency investigators have completed the dispecialized training in conducting sexual abuse investigations? [N/A if the agency does duct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] $\square$ No $\square$ NA	
115.34 (d)		
<ul><li>Auditor</li></ul>	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)	

Departmental policy requires the inspectors receive specialized training in addition to the general education provided to all employees. The Inspector completed the MOSS Group training. The MOSS Group special training curriculum for inspectors was reviewed and found to cover all requirements. 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. The interview of the inspector demonstrated he understood how to conduct a sexual abuse investigation in a confinement setting and what his role was. The agency maintains documentation that the inspector has received both the general and investigative PREA training. Interviews with the Inspector verified his knowledge of conducting investigations.

115.34 Procedure 108.015 Page 10 &11

# 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 does 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)		
	medical and mental health care practitioners employed by the agency also receive training ndated for employees by §115.31? $\boxtimes$ Yes $\square$ No	
	medical and mental health care practitioners contracted by and volunteering for the agency receive training mandated for contractors and volunteers by §115.32? ⊠ Yes □ No	
Auditor Overall Compliance Determination		
	Exceeds Standard (Substantially exceeds requirement of standards)	
	<b>Meets Standard</b> (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		
Medical and mental health practitioners who work regularly at Bay Correctional Facility are trained. 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. The facility medical staff does not conduct forensic examinations. The number and percent of all medical and mental health care practitioners who work regularly at Bay Correctional Facility and have received training by the agency policy are 32 and 100% respectively.		
115.35 Prod	cedure 602.053 page 7 &8	
SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS		
Ctondor	d 445 44. Coreoning for risk of vistimization and obviousness	
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)		
	all inmates assessed during an intake screening for their risk of being sexually abused by er inmates or sexually abusive toward other inmates? $\boxtimes$ Yes $\square$ No	

by other inmates or sexually abusive toward other inmates?  $\boxtimes$  Yes  $\ \square$  No

Are all inmates assessed upon transfer to another facility for their risk of being sexually abused

115.41	(b)
•	Do intake screenings ordinarily take place within 72 hours of arrival at the facility? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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)? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No	
115.41 (g)		
•	Does the facility reassess an inmate's risk level when warranted due to a: Referral? $\boxtimes$ Yes $\ \square$ No	
•	Does the facility reassess an inmate's risk level when warranted due to a: Request? $\boxtimes$ Yes $\ \square$ No	
•	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? $\boxtimes$ Yes $\ \square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No	

115.41	(i)	
•	respon	e agency implemented appropriate controls on the dissemination within the facility of uses to questions asked pursuant to this standard in order to ensure that sensitive ation is not exploited to the inmate's detriment by staff or other inmates? $\boxtimes$ Yes $\square$ No
Audito	or Over	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
		<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
Instru	ctions f	for Overall Compliance Determination Narrative
system prey an tiered s identifi violent	n desigr nd those system ed and discipli	IBAS (Inmate Behavioral Assessment Scale). The Department utilizes a complex web ned by the Bureau of Classification Management to identify potential inmate predators, e inmates at risk for sexual violence either as an aggressor or as a victim. This is a multithat performs a variety of significant functions including ensuring appropriate housing of potential predators and sexual aggressors. Criteria to include past violent convictions, nary reports, STG affiliation, release dates, as well height and weight differentials are nen housing inmates. The housing officer must review and approve any bed changes
Stan	dard 1	115.42: Use of screening information
All Yes	s/No Qı	uestions Must Be Answered by the Auditor to Complete the Report
115.42	(a)	
•	keepin	he agency use information from the risk screening required by § 115.41, with the goal of g separate those inmates at high risk of being sexually victimized from those at high risk g sexually abusive, to inform: Housing Assignments? $\boxtimes$ Yes $\square$ No
•	keepin	he agency use information from the risk screening required by § 115.41, with the goal of g separate those inmates at high risk of being sexually victimized from those at high risk g sexually abusive, to inform: Bed assignments? $\boxtimes$ Yes $\square$ No
•	keepin	he agency use information from the risk screening required by § 115.41, with the goal of g separate those inmates at high risk of being sexually victimized from those at high risk of 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? $\boxtimes$ Yes $\square$ No
115.42	2 (b)
•	Does the agency make individualized determinations about how to ensure the safety of each inmate? $\boxtimes$ Yes $\ \square$ No
115.42	2 (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)? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No
115.42	2 (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? $\boxtimes$ Yes $\square$ No
115.42	2 (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? $\boxtimes$ Yes $\square$ No
115.42	2 <b>(f)</b>
•	Are transgender and intersex inmates given the opportunity to shower separately from other inmates? $\boxtimes$ Yes $\ \square$ 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)

#### **Instructions for Overall Compliance Determination Narrative**

standard for the relevant review period)

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

The auditor interviewed members of the security and classification staff to question them on how the IBAS system is used to determine work/housing and education assignments. Each explained how it was used in detail considering victimization among other things. The placement of transgender and/or intersex inmates is done only after a review committee has reviewed the case. Transgender/Intersex inmates receive a face-to-face review with mental health staff within fourteen days of arrival, biannually and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned. Additionally, inmates who are identified as 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. There are three transgender/intersex inmates assigned to Bay Correctional Facility. Staff interviewed acknowledged transgender/intersex inmates would be given an opportunity to shower separately.

Meets Standard (Substantial compliance; complies in all material ways with the

FDC Procedure 602.053 Page 6 Section 2A2, 2A3, 2A6, 2A8; Page 7 Section 2A9-2A11

 $\boxtimes$ 

## **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?
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)
<ul> <li>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?</li> <li>☑ Yes □ No</li> </ul>

Does such an assignment not ordinarily exceed a period of 30 days? ⊠ Yes □ No

•	section	voluntary segregated housing assignment is made pursuant to paragraph (a) of this i, does the facility clearly document: The basis for the facility's concern for the inmate's $\boxtimes$ Yes $\square$ No	
•	section	voluntary segregated housing assignment is made pursuant to paragraph (a) of this i, does the facility clearly document: The reason why no alternative means of separation arranged? $\boxtimes$ Yes $\square$ 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)	
		<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (Requires Corrective Action)	

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

FAC 33-602.220 Page 1 Section 1A, 2A, 2B; Page. 2 Section 3C; Page 3 Section 3C-3G, Page 4 Section 4D; Page 5 Section 5A-5G; Page 6 Section 5H-5P; Page 8 Section 8A-8C and 9A.

115.43 (d)

## **REPORTING**

All Yes/No Questions Must	Be Answered by th	he Auditor to Comi	plete the Report
---------------------------	-------------------	--------------------	------------------

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
<ul> <li>Does that private entity or office allow the inmate to remain anonymous upon request?</li> <li>         ⊠ Yes □ No     </li> </ul>
<ul> <li>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</li> </ul>
115.51 (c)
■ Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?   ✓ Yes   ✓ No
<ul> <li>■ Does staff promptly document any verbal reports of sexual abuse and sexual harassment?</li> <li>☑ Yes □ No</li> </ul>
115.51 (d)
<ul> <li>Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?</li></ul>

## **Auditor Overall Compliance Determination** П **Exceeds Standard** (Substantially exceeds requirement of standards) $\boxtimes$ 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** Bay Correctional Facility provides three ways for inmates to report sexual abuse, sexual harassment, and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Inmates can also report to staff verbally or in writing. Departmental and GEO website provides for third party reporting. During the tour the phones were tested. Calls went to an answering machine. Examples of inmate reporting through different means were reviewed when incident reports were reviewed. During interviews staff stated they accept reports made verbally, in writing, and from third parties, and are promptly documented by incident report. Staff training covers the ways for staff to report sexual abuse and sexual harassment of inmates. During interviews some staff knew they could report sexual abuse and harassment of inmates to the Inspector General. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard. Bay CF does not house inmates solely for civil immigration. The facility was revisited and phones checked. The phones were answered by outside vendor who then contacts the facility reporting the allegation. Before reporting they request the facility to have the inmate sign a release of information form allowing them to provide details to the facility. They also report allegations when the inmate requests to remain anonymous. FDC Procedure 602.053 FAC 33-103.006 Filing a Formal Grievance 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.) $\boxtimes$ Yes $\square$ No $\square$ 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.) $\boxtimes$ Yes $\square$ No $\square$ 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.) $\boxtimes$ Yes $\square$ No $\square$ 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.) $\boxtimes$ Yes $\square$ No $\square$ 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.) $\boxtimes$ Yes $\square$ No $\square$ 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.) $\boxtimes$ Yes $\square$ No $\square$ 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.) $\boxtimes$ Yes $\square$ No $\square$ NA

115.52 (e)
<ul> <li>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.)</li> <li>☑ Yes □ No □ NA</li> </ul>
• 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
<ul> <li>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.)</li> <li>☑ Yes □ No □ NA</li> </ul>
115.52 (f)
<ul> <li>Has the agency established procedures for the filing of an emergency grievance alleging that a inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ⋈ Yes □ No □ NA</li> </ul>
■ 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
<ul> <li>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.)</li></ul>
<ul> <li>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.)</li> <li>☑ Yes □ No □ NA</li> </ul>
■ 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
<ul> <li>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.)</li></ul>
■ 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 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
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 thi 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 were four grievances filed in the previous twelve months that were responded to within five days. There were no third party or emergency grievances filed in the previous twelve months.  FDC Procedure 602.053  FAC 33-103.006 Page 2 Section 1C, 1E, Page 3 Section 1H, Section 1L
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 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)			
communi	e facility inform inmates, prior to giving them access, of the extent to which such it in accordance with mandatory reporting laws? $\boxtimes$ Yes $\square$ No		
115.53 (c)			
agreeme	e agency maintain or attempt to enter into memoranda of understanding or other ents with community service providers that are able to provide inmates with confidential all support services related to sexual abuse? $\boxtimes$ Yes $\square$ No		
	$\blacksquare$ Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? $\boxtimes$ Yes $\;\square$ No		
Auditor Overall	I Compliance Determination		
□ <b>E</b>	Exceeds Standard (Substantially exceeds requirement of standards)		
	leets 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	r Overall Compliance Determination Narrative		
related to sexual Florida Ave, Par the center. The fimmigration purporganizations in access to outsid institution inform reporting rules gabuse made to contact the sexual purpose.	ides inmates with access to outside victim advocates for emotional support services all abuse with a memorandum of understanding with Florida Therapy Services, 648 mama City, Florida. Inmates are provided a mailing address and telephone number for facility is an adult prison and does not house individuals detained solely for civil poses. Inmates are provided reasonable communication between inmates and these as confidential a manner as possible. The facility informs inmates, prior to giving them de support services, the extent to which such communications will be monitored. The ins inmates, prior to giving them access to outside support services, of the mandatory governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual outside victim advocates, including any limits to confidentiality.  Prison Rape: Prevention, Detection, and Response age 4		

#### Standard 115.54: Third-party reporting

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

115.54 (a)
------------

•		he agency established a method to receive third-party reports of sexual abuse and sexual sment? $\boxtimes$ Yes $\ \square$ No	
•	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? $\boxtimes$ Yes $\square$ No		
Auditor Overall Compliance Determination			
		Exceeds Standard (Substantially exceeds requirement of standards)	
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
	П	Does Not Meet Standard (Requires Corrective Action)	

#### **Instructions for Overall Compliance Determination Narrative**

The Department has third party reporting of sexual abuse or sexual harassment through the public website via third party grievances and the citizens' complaint form. Inmate and staff acknowledged both during interviews. The third party grievance form is available online at www.dc.state.fl.us/oth/inmates/prea-grievances.html. The citizen's complaint form can be found at http://www.dc.state.fl.us/apps/igcomplaint.asp. Information is also posted near the telephones that provide the inmates a telephone number to make third party reports, along with numbers to tell family and friends to make third party reports. Interview of inmates demonstrated they knew how third party reporting could be accomplished. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect an offender has been sexually abused, sexually harassed or requires protection. Offenders interviewed were aware of this method of reporting. Citizens may report any allegation to the GEO Group per their web site.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

## 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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 person's 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

Audito	r Over	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
Instru	ctions f	or Overall Compliance Determination Narrative
regard to a se sexual Genera Inmate of sexual report staff is not to unecess Inmate service via MII FS 944	ing an ing an ing and abuse al via the serification of the serific	olicies require all staff to report immediately any knowledge, suspicion, or information incident of sexual abuse or harassment; and for staff not to reveal any information related use report to anyone other than extent necessary. The facility reports all allegations of and sexual harassment, including third party and anonymous reports, to the Inspector e MINS reporting system. Review of investigative files; and interviews of staff and ed staff immediately report any knowledge, suspicion, or information regarding an incident se or harassment; and that staff does not reveal information related to a sexual abuse and to people authorized to discuss the report. Random interviews with staff revealed that were of their responsibilities to report incidents of sexual abuse or harassment and know any information about a sexual abuse incident to anyone other than to the extent edical and mental health practitioners are required to report sexual abuse and to inform a practitioner's duty to report, and the limitations of confidentiality, at the initiation of institutional investigator confirmed all allegations are reported to the Inspector General em. There are no youthful inmates housed in the facility. Section D does not apply.  19 Section 2D Section 4A-4C  19 Curriculum PREA Pages. 3-4 Section 18, Section 19
Stan	dard 1	115.62: Agency protection duties
All Ye	s/No Qı	uestions 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 does it take immediate action to protect the inmate? $oxed{\boxtimes}$ Yes $oxed{\square}$ No

Auditor Overall Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
nstru	ctions	for Overall Compliance Determination Narrative
substarisk of cassection	ntial risk imminer I to the s nate was ntial risk	colicy requires all staff to take immediate action to protect any inmate they learn is subject to an interviews with staff demonstrate they know the steps to take to protect an inmate subject to at sexual abuse. Security staff immediately employs protection measures as the information is shift supervisor, chief of security and warden. In the past twelve months there were two times a removed from population so the facility could determine whether an inmate was subject to a of imminent sexual abuse. The facility made the determinations immediately of learning of
		20 Page 1 Section 2A-2B; Page 2 Section 3C; Page 3 Section 3F-3G; Page 4 Section 4D e 602.053 Page 7/Section B 5; Page 9 Section 3C; Page 9-10 Section 4A, Section 4A2
Stan	dard 1	I15.63: Reporting to other confinement facilities
All Ye	s/No Qı	uestions Must Be Answered by the Auditor to Complete the Report
115.63	(a)	
•	facility	receiving an allegation that an inmate was sexually abused while confined at another does the head of the facility that received the allegation notify the head of the facility or briate office of the agency where the alleged abuse occurred? $\boxtimes$ Yes $\square$ No
115.63	(b)	
•		n notification provided as soon as possible, but no later than 72 hours after receiving the ion? $\boxtimes$ Yes $\ \square$ No
115.63	s (c)	
•	Does t	he agency document that it has provided such notification? $oxtimes$ Yes $\oxtimes$ No
115.63	3 (d)	
•		he facility head or agency office that receives such notification ensure that the allegation stigated in accordance with these standards? $\boxtimes$ Yes $\square$ No

Auditor Overall Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)
		<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
Instru	ctions f	for Overall Compliance Determination Narrative
confine alleged Compl other is	ed at and d abuse iance manstitution evious fa	colicy requires when a sexual abuse allegation that an inmate was sexually abused while other facility, the Warden that received the allegation shall notify the Warden where the occurred within 72 hours after receiving the allegation. Interviews of the Warden and PREA anager demonstrated they knew the procedures to follow. There was one alleged incident at this reported during the intake process to staff. Documentation provided the Warden notified will be warden. There were no allegations received from other institutions receiving inmates
FDC P	rocedur	e 602.053 Page 10/Sec. 8
Stan	dard 1	115 64: Staff first responder duties
Stan	uaru	I15.64: Staff first responder duties
All Ye	s/No Qı	uestions Must Be Answered by the Auditor to Complete the Report
115.64	l (a)	
•	membe	earning of an allegation that an inmate was sexually abused, is the first security staff er to respond to the report required to: Separate the alleged victim and abuser? $\Box$ No
•	membe	earning of an allegation that an inmate was sexually abused, is the first security staff er to respond to the report required to: Preserve and protect any crime scene until oriate steps can be taken to collect any evidence? $\boxtimes$ Yes $\square$ No
•	member actions changi	earning of an allegation that an inmate was sexually abused, is the first security staffer to respond to the report required to: Request that the alleged victim not take any sthat could destroy physical evidence, including, as appropriate, washing, brushing teeth, ng clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred a time period that still allows for the collection of physical evidence? $\boxtimes$ Yes $\square$ No
•	member actions changi	earning of an allegation that an inmate was sexually abused, is the first security staff er to respond to the report required to: Ensure that the alleged abuser does not take any is that could destroy physical evidence, including, as appropriate, washing, brushing teeth, ing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred a time period that still allows for the collection of physical evidence?   No

115.64	(b)	
1	that the	rst staff responder is not a security staff member, is the responder required to request e alleged victim not take any actions that could destroy physical evidence, and then notify y staff? $\boxtimes$ Yes $\square$ No
Auditor	r Overa	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
Instruc	tions f	or Overall Compliance Determination Narrative
security upon lea preserve evidence smoking victim w interview In the pa	staff. Farning as the cree included the included the insert was confast twel	arly specify how to respond to an allegation of sexual abuse for both security and non- Random interviews with staff confirm both security and non-security staff knew what to do an inmate was sexually abused to include separating the alleged victim and abuser; how to ime scene; and what actions inmates should not take in order not to destroy physical ding, as appropriate, not washing, brushing teeth, changing clothes, urinating, defecating, ng, or eating;. Staff was very cognizant about ensuring safety and well-being of an alleged uring that physical evidence is not destroyed or contaminated. Training records and staff irm the staff is trained as first responders. It we months there were two allegations of sexual abuse. In one case the staff member legation separated the alleged victim and abuser.
Stand	lard 1	15.65: Coordinated response
All Yes	/No Qι	uestions Must Be Answered by the Auditor to Complete the Report
115.65	(a)	
1	respon	e facility developed a written institutional plan to coordinate actions among staff first ders, medical and mental health practitioners, investigators, and facility leadership taken onse to an incident of sexual abuse? $\boxtimes$ Yes $\square$ No
Auditor	r Overa	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)

Bay Correctional Facility has an institutional plan, which outlines what is to take place in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, Inspectors, 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

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

11	5.	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)
<b>Meets Standard</b> (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**

All are at will employees. There are no collective bargain agreements.

## Standard 115.67: Agency protection against retaliation

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? $\boxtimes$ Yes $\square$ No
•	Has the agency designated which staff members or departments are charged with monitoring retaliation? $\boxtimes$ Yes $\ \square$ 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No			
•		he agency continue such monitoring beyond 90 days if the initial monitoring indicates a uing need? $\boxtimes$ Yes $\ \square$ No		
115.67	(d)			
•		case of inmates, does such monitoring also include periodic status checks?		
115.67	(e)			
•	the age	other individual who cooperates with an investigation expresses a fear of retaliation, does ency take appropriate measures to protect that individual against retaliation? $\Box$ No		
115.67	(f)			
•	Audito	r is not required to audit this provision.		
Audito	r Over	all Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)		
		<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)		
		Does Not Meet Standard (Requires Corrective Action)		

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 Assistant Warden is the staff member charged to ensure compliance to this policy. Classification staff monitors the conduct or treatment of inmates who report sexual abuse and who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. Classification staff receives an appointment (IM05) to interview the inmate every 30 days. They conduct periodic checks up to 90 days but beyond if the Assistant Warden feels the situation requires it. Interviews were being conducted with the inmate. I could not determine if Classification staff looked at inmate disciplinary reports, housing, and or program status changes. Computer appointments were documented. Recommend retraining staff on reviewing disciplinary, gain time, job assignment and any program changes made. Training was completed in August 2018.

Review of records and training show staff have been trained in retaliation review. Records reviewed show staff interviewing the inmate, checking his disciplinary record, housing assignment and program changes that may have accrued during the reporting period.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 10 Section 4A7, Page 9-10 Section 4A page 9 Section 3C

#### Standard 115.68: Post-allegation protective custody

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

		_		
1	1	5	68	เลา

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)
$\boxtimes$	<b>Meets Standard</b> (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 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. Inmates placed in involuntary status have access to programs, activities unless justification is provided for limiting access to programs. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter.

## **INVESTIGATIONS**

## Standard 115.71: Criminal and administrative agency investigations

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).] $\boxtimes$ Yes $\square$ No $\square$ 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).] $\boxtimes$ Yes $\square$ No $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No
•	Do investigators interview alleged victims, suspected perpetrators, and witnesses? $\boxtimes$ Yes $\ \square$ No
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? $\boxtimes$ Yes $\ \square$ 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? $\boxtimes$ Yes $\square$ No

115./1	(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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No
115.71	(f)
•	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No
115.71	(h)
•	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? $\boxtimes$ Yes $\ \square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No
115.71	(k)
	Auditor is not required to audit this provision.

#### 115.71 (I)

•	investig an outs	an outside entity investigates sexual abuse, does the facility cooperate with outside gators and endeavor to remain informed about the progress of the investigation? (N/A if side agency does not conduct administrative or criminal sexual abuse investigations. See (a).) $\square$ Yes $\square$ No $\boxtimes$ NA
Auditor Overall Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (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 Department of Corrections Office of Inspector General conducts investigations into allegations of sexual abuse and sexual harassment objectively for all allegations, including third-party and anonymous reports. Third party and anonymous reports are treated no different than a first person report. The inspector conducts all investigations immediately on being notified of the allegation. Based on his 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's training records and interview demonstrated the special training they received from Department trainers. Inspectors are responsible for gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the preponderance of evidence appears to support criminal prosecution, the Office of the Inspector General conducts compelling interviews. A substantiated allegation of conduct that appears to be criminal is referred for prosecution. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations document in a written report that contain a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

#### FS 944.31 Pg. 1

FDC Procedure 108.003 Pgs. 2-7; Pg. 8/Sec. 1A,1B,1D; Pg. 11/Sec. 4A; Pg. 13/Sec. 4K, Sec. 6; Pg. 19-20/Sec. 13A,13B,13F,13G; Pg. 20/Sec. 13K,13L

FDC Procedure 108.015 Pg. 5/Sec. 2; Pg. 8/Sec. 9B; Pg. 9/Sec. 10A, 10B; Pg. 10/Sec. 12.

FDC Procedure 602.053 Pg. 14/Sec. 9A

## Standard 115.72: Evidentiary standard for administrative investigations

All resino waestions mast be Answered by the Additor to Complete the Report				
115.72 (a)				
evid	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 Ov	erall Compliance Determination			
	Exceeds Standard (Substantially exceeds requirement of standards)			
$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)			
	Does Not Meet Standard (Requires Corrective Action)			
Instruction	s for Overall Compliance Determination Narrative			
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 indicated that this is the threshold used by inspectors in their investigations.				
FDC Procedure 108.003 page 3 Section 20, page 5 Section 39, page 6 Section 43-44, Page 7 Section 54-55, page 11 Section 5E, Page 16 Section 8 FDC 108.015 Investigative Process				
Standard	I 115.73: Reporting to inmates			
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report				
115.73 (a)				
ager	owing an investigation into an inmate's allegation that he or she suffered sexual abuse in an analysis of the agency inform the inmate as to whether the allegation has been rmined to be substantiated, unsubstantiated, or unfounded? $\boxtimes$ Yes $\square$ No			
115.73 (b)				
ager in or	e agency did not conduct the investigation into an inmate's allegation of sexual abuse in an acy facility, does the agency request the relevant information from the investigative agency der to inform the inmate? (N/A if the agency/facility is responsible for conducting inistrative and criminal investigations.) $\square$ Yes $\square$ No $\boxtimes$ 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)		
<ul> <li>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?</li> <li>☑ Yes □ No</li> </ul>		
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?		
115.73 (e)		
■ Does the agency document all such notifications or attempted notifications? ⊠ Yes □ No		
115.73 (f)		
<ul> <li>Auditor is not required to audit this provision.</li> </ul>		

Auditor Overall Compliance Determination		
	Exceeds Standard (Substantially exceeds requirement of standards)	
$\boxtimes$	<b>Meets Standard</b> (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	
would be informate's unit; member has a that the staff r inmate was all whenever: the or been convi	f there are any substantiated allegations of sexual abuse by a staff member, the inmate med in writing to include whenever: the staff member is no longer posted within the the staff member is no longer employed at the facility; the department learns that the staff been indicted on a charge related to sexual abuse within the facility; or the agency learns member has been convicted on a charge related to sexual abuse within the facility. If the leged to have been sexually abused by another inmate, the Inspector informs the victime alleged abuser has been indicted on a charge related to sexual abuse within the facility; of the department in the facility. There were no completed in the previous twelve months.	
FDC 602.053 page 14 Section 9 FDC 108.015 Page 10 Section 11B, 11D		
	DISCIPLINE	
	DIGGII EIITE	
Standard '	115.76: Disciplinary sanctions for staff	
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report		
115.76 (a)		
	aff subject to disciplinary sanctions up to and including termination for violating agency abuse or sexual harassment policies? $\boxtimes$ Yes $\square$ No	
115.76 (b)		
<ul><li>Is term abuse</li></ul>	nination the presumptive disciplinary sanction for staff who have engaged in sexual ? $oxed{oxed}$ Yes $oxed{\Box}$ No	

■ 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?		
115.76 (d)		
<ul> <li>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)?</li></ul>		
<ul> <li>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</li> </ul>		
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		
Staff is subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.		
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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies		
GEO Policy 5.1.2-E		

115.76 (c)

## Standard 115.77: Corrective action for contractors and volunteers

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 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 Bay Correctional Facility.			
GEO Policy 5.1.2-E			

## Standard 115.78: Disciplinary sanctions for inmates

115.78	(a)
<b>1</b> 15.78	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? $\boxtimes$ Yes $\square$ No
110110	
•	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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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

# 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**

**Auditor Overall Compliance Determination** 

Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. In the past twelve months there were no administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past twelve months there were no criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

Sanctions shall be 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. The Department has posted a range of penalties for prohibited conduct. The disciplinary team has ten different levels or combination of levels to administer penalties. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the inmate is on medication for mental health reasons mental health services is contacted before moving forward with writing of disciplinary report.

The facility does not offer sex offender counseling per interview with staff. When notified they do interview the alleged abuser and offer counseling to the abuser.

Inmate handbook states "There is no such thing as legal consensual sex in prison. The Department of Corrections policy and the law prohibit sexual behavior 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 9-18 unauthorized physical contact involving inmates. This report results in a disciplinary hearing being held on the inmate within the facility. Inmate perpetrators are disciplined and/or reviewed for close management if the OIG determines a sexual abuse case is substantiated. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

FAC 33-601.301 Page 1 Section 1 Inmate Discipline FAC 33-601.314 Pages 1-3 Inmate Discipline

## **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? ☑ Yes □ No			
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)			
110.01 (0)			
• 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?			
115.81 (e)			
<ul> <li>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</li> </ul>			

Auditor Overall Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
nstru	ctions f	for Overall Compliance Determination Narrative
Procedure requires that any inmate reporting any prior victimization or indicating sexual abuse be seen no onger than fourteen (14) days after arrival. Any inmate received at and makes any reference to victimization and perpetrated sexual abuse is seen by medical/ mental health usually right after intake interview or the next day. Medical and Mental Health staff get informed consent before reporting prior sex victimization, which took place not in an institutional setting. Mental health staff maintains DC forms and ogs documenting compliance with Health Service Procedures. The information shared with other staff is strictly limited to informing security and management, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required Departmental Procedure. Randomly selected records reflect victims were being seen within the fourteen days of arrival or immediately after incident.		
200	J2.000 1	Prison Rape: Prevention, Detection, and Response Page 12 Section 6A-6B
Stan	dard 1	115.82: Access to emergency medical and mental health services
All Ye	s/No Qu	uestions Must Be Answered by the Auditor to Complete the Report
115.82	(a)	
•	treatmondica	nate victims of sexual abuse receive timely, unimpeded access to emergency medical ent and crisis intervention services, the nature and scope of which are determined by all and mental health practitioners according to their professional judgment? $\Box$ No
115.82 (b)		
•	sexual	ualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, do security staff first responders take preliminary steps to protect the pursuant to § 115.62? ⊠ Yes □ No
•		curity staff first responders immediately notify the appropriate medical and mental health oners? $\boxtimes$ Yes $\ \square$ No

115.82	(C)	
•	emerge	nate victims of sexual abuse offered timely information about and timely access to ency contraception and sexually transmitted infections prophylaxis, in accordance with sionally accepted standards of care, where medically appropriate? $\boxtimes$ Yes $\square$ No
115.82	(d)	
•	the vict	atment services provided to the victim without financial cost and regardless of whether tim names the abuser or cooperates with any investigation arising out of the incident?
Auditor Overall Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)
	$\boxtimes$	<b>Meets Standard</b> (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		
D		and at the investe victime of equal phase receive immediate econes to medical and mental

Procedures mandate the inmate victims of sexual abuse receive immediate access to medical and mental health services. Interviews with staff and inmates confirm inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services from medical and mental health staff. Correct Care Solutions (CCS) provides this service. If alleged sexual abuse occurred within 72 hours, security escorts the victim to medical department for medical staff to assess and stabilize while awaiting SART team arrival for a forensic exam. 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. There has been one inmate see by the SART team during the previous twelve months.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Pages 12-13 Section 6C-6F

445 00 (-)

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

115.83	(a)
i	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? $\boxtimes$ Yes $\square$ No
115.83	(b)
t	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? $\boxtimes$ Yes $\square$ No
115.83	(c)
	Does the facility provide such victims with medical and mental health services consistent with the community level of care? $\boxtimes$ Yes $\ \square$ No
115.83	(d)
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) $\square$ Yes $\square$ No $\boxtimes$ NA
115.83	(e)
I	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.) $\square$ Yes $\square$ No $\boxtimes$ 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)
t	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? $\boxtimes$ Yes $\square$ No

115.83 (	(h)			
i V	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.)			
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)			
Instruct	tions for Overall Compliance Determination Narrative			
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. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Bay Correctional Facility through Correct Care Solutions (CCS) offers mental health services to all known inmate abusers, if appropriate. The facility also offers mental health service to all known inmate victims as well. Treatment services are provided to the victim without financial cost. This practice was confirmed by interviews with staff and inmates; and medical and mental health documentation demonstrates there is ongoing medical and mental health care for sexual abuse victims and abusers. Medical and mental health conducts follow-up care for sexual abuse incidents. Facility is a male only facility.  FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12-13 Section 6C, 6E-6F				
	DATA COLLECTION AND REVIEW			
Stand	ard 115.86: Sexual abuse incident reviews			
All Yes/	No Questions Must Be Answered by the Auditor to Complete the Report			
115.86 (	(a)			
i	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse nvestigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? $\boxtimes$ Yes $\square$ No			
115.86 (	(b)			
• [	Does such review ordinarily occur within 30 days of the conclusion of the investigation?			

115.86	(c)			
		he review team include upper-level management officials, with input from line sors, investigators, and medical or mental health practitioners? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ No			
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts? $\boxtimes$ Yes $\square$ No			
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? $\boxtimes$ Yes $\square$ 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)			
		ne facility implement the recommendations for improvement, or document its reasons for ng so? $\boxtimes$ Yes $\ \square$ No		
Audito	r Overa	III Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)		
		<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)		
		Does Not Meet Standard (Requires Corrective Action)		

Policy requires post incident reviews are done within 30 days of the conclusion of every investigation except were the allegation was unfounded. Departmental policy identifies the members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses to conduct sexual abuse incident reviews. The incident review team is made up of the Assistant Warden, Chief of Security and the Classification Supervisor. The review team gets input from line supervisors, investigators, and medical or mental health practitioners. The auditor reviewed one incident review. The incident review was used in determining causes and better policies and practices to better prevent, detect, or respond to sexual abuse. Incident review team members were interviewed and were very knowledgeable of the process. The facility may include agency staff in the discussion during the incident review.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 3-4 Section 17-18 page 14-15 Section 12

Section 12		
Stand	dard 115.87: Data collection	
All Yes	s/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? $\boxtimes$ Yes $\square$ 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? $\boxtimes$ Yes $\square$ 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.) $\boxtimes$ Yes $\square$ No $\square$ NA	

115.87	(f)	
	Depart	he agency, upon request, provide all such data from the previous calendar year to the ment of Justice no later than June 30? (N/A if DOJ has not requested agency data.) $\square$ No $\square$ NA
Audito	r Overa	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
		<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
Instruc	ctions f	or Overall Compliance Determination Narrative
The GEO Group provided documents demonstrating data was being collected, aggregated and maintained. They maintain review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The data is posted in an annual report on the GEO web site		
Stand	dard 1	115.88: Data review for corrective action
All Yes	s/No Qu	uestions Must Be Answered by the Auditor to Complete the Report
115.88	(a)	
	and im	he agency review data collected and aggregated pursuant to § 115.87 in order to assess prove the effectiveness of its sexual abuse prevention, detection, and response policies, es, and training, including by: Identifying problem areas? $\boxtimes$ Yes $\square$ No
	and im	he agency review data collected and aggregated pursuant to § 115.87 in order to assess prove the effectiveness of its sexual abuse prevention, detection, and response policies, es, and training, including by: Taking corrective action on an ongoing basis?  □ No
	and im	he agency review data collected and aggregated pursuant to § 115.87 in order to assess prove the effectiveness of its sexual abuse prevention, detection, and response policies, es, and training, including by: Preparing an annual report of its findings and corrective of for each facility, as well as the agency as a whole? $\boxtimes$ Yes $\square$ 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 $\boxtimes$ Yes $\square$ 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 GEO PREA coordinator 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 monthly. The PREA Coordinator ensures the information is provided for purposes of reporting. An annual report is prepared and posted on the GEO web site.			
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)			
<ul> <li>Does the agency ensure that data collected pursuant to § 115.87 are securely retained?</li> <li>☑ Yes □ No</li> </ul>			

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 Department ensures that incident-based and aggregate data are securely retained. Departmental policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, the Department removes all personal identifiers. The Department maintains sexual abuse data collected following state statute. 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.  FDC Procedure 602.053 Page 13 Section 7 Page 14 Section 10-11 115.89 (b)-1 Survey of Sexual Violence Part B GEO Group Website		

## **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)		
<ul> <li>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.)</li> <li>☑ Yes □ No □ NA</li> </ul>		
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)		
<ul> <li>Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?</li> <li>☑ Yes □ No</li> </ul>		
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		

	Does Not Meet Sta	ndard (Requires Corrective	Action)
Instructions f	or Overall Complia	nce Determination Narrati	ve
Each facility op by the PREA 0	•	rtment will be audited every	three years or on a schedule determined
		-	ually every area of the prison. This lence receive from the inmate population.
credible. Priva When addition	te offices were provi al documentation wa	ded for the auditors to condi as requested it was provided	acility. Staff appeared forthcoming and uct interviews with complete privacy. If expeditiously. Personnel files, Training es of documents reviewed on site.
contained police documentation samples of do- auditor and fol	cies used by the Flon, During the audit the cumentation as requillowing the on-site au	rida Department of Corrections auditor requested and recested. The facility promptly	on-site audit. The flash drive primarily ons and examples of completed beived completed documentation and provided whatever was asked for by the dested the PREA Compliance Manager y.
Standard 1	115.403: Audit o	contents and findings	S
All Yes/No Qu	uestions Must Be A	nswered 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 appeal 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 Overa	all Compliance Dete	ermination	
	Exceeds Standard	(Substantially exceeds requ	uirement of standards)
	Meets Standard (S standard for the rele	• • •	plies in all material ways with the
	Does Not Meet Sta	ndard (Requires Corrective	Action)
PREA Audit Report		Page 79 of 80	Facility Name – double click to change

The PREA Coordinator ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website and easily accessible to the public.

#### **AUDITOR CERTIFICATION**

#### I certify that:

- 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. Auditors are not permitted to submit audit reports that have been scanned. See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Hubert L. "Buddy" Kent	<u>September 10, 2017</u>
•	, ,
Auditor Signature	Date

 $<sup>^{1} \</sup>mbox{ See additional instructions here: } \underline{\mbox{https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110} \ .$ 

<sup>&</sup>lt;sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.