PREA AUDIT REPORT ☐ INTERIM ■ FINAL

ADULT PRISONS & JAILS

NATIONAL PREA RESOURCE CENTER

Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information				
Auditor name: Hubert L. "Buddy" Kent				
Address: P.O. Box 515				
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Telephone number: 850-509-1662				
Date of facility visit: June 9-10, 2015				
Facility Information				
Facility name: Okaloosa Correctional Institution				
Facility physical address: 3189 Colonel Greg Malloy Road, Crestview, Florida, 32539-6708				
Facility mailing address: *(if different from above)*				
Facility telephone number: 850-682-0931				
The facility is:	☐ Federal	■ State	☐ County	
	☐ Military	☐ Municipal	☐ Private for profit	
	☐ Private not for profit			
Facility type:	■ Prison	☐ Jail		
Name of facility's Chief Executive Officer: John Willis				
Number of staff assigned to the facility in the last 12 months: 298				
Designed facility capacity: Main Unit 582 Work Camp 192				
Current population of facility: Main Unit 883 Work Camp 273				
Facility security levels/inmate custody levels: Close, Medium, Minimum and Community				
Age range of the population: 20-71 years of age				
Name of PREA Compliance Manager: Norma Kelly		**Title:**	Assistant Warden	
Email address: kelly.norma@mail.dc.state.fl.us		**Telephone number:**	850-683-4014	
Agency Information				
Name of agency: Florida Department of Corrections				
Governing authority or parent agency: *(if applicable)* State of Florida				
Physical address: 501 South Calhoun, Tallahassee, FL 32399				
Mailing address: *(if different from above)*				
Telephone number: (850) 488-5021				
Agency Chief Executive Officer				
Name: Julie Jones		**Title:**	Secretary	
Email address: jones.julie@mail.dc.state.fl.us		**Telephone number:**	850-717-3030	
Agency-Wide PREA Coordinator				
Name: Kendra Prisk		**Title:**	PREA Coordinator	
Email address: prisk.kendra@mail.dc.state.fl.us		**Telephone number:**	850-717-3303	

AUDIT FINDINGS

NARRATIVE

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

John Willis, Warden
Norma Kelly, Assistant Warden-Programs, PREA Manager
Greg Foskey,Colonel
Jack Hammontree, Major, Okaloosa Work Camp
Sharon Pryor, Lieutenant
Yvonne Johnson, Classification Supervisor

After a brief discussion about the audit, the team proceeded to the compound for a facility tour. The tour of the facility was conducted on June 9, 2015 from 9:30 am to 12:00 noon. There are a total of fourteen buildings on the main unit grounds and a total of eight buildings at the Okaloosa Work Camp. The design capacity for the main unit is 552 with a lawful capacity of 894. The population at the time of the audit for the main unit was 883 with an average daily population for the previous twelve months being 881. The design capacity for the Okaloosa Work Camp is 192 with a lawful capacity of 280. The population at the Okaloosa Work Camp at the time of the audit was 273. The age range of the inmates assigned to the main unit is from 20 to 78 years of age. There have been 415 inmates assigned to Okaloosa Correctional Institution during the previous twelve months for 72 hours or more. There are 131 inmates that were assigned to the main unit prior to August 20, 2012. The average length of stay is 2.31 years for the main unit. The custody level of the inmate population is close to community. There are 298 staff assigned and there have been 73 staff hired during the past twelve months. The areas toured were a total of three multi occupancy cell housing units, two open bay dormitory housing units and various departments within the secured perimeter. Two cell units house 224 in four quads. One cell unit is a T shape and known as T Building, this unit has three wings and a total of 132 cells or total population of 256.

The various departments toured were Classification, Food Service, Medical, Mental Health, and Security. Segregation/Confinement units are 86 cells in wing one and 84 cells in wing two. Segregation/Confinement is housed in E dormitory,which is utilized for disciplinary and administrative segregation. Segregation cells are double cell for a total bed capacity of 170. The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending investigation.

Upon arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. A list of all inmates currently housed at the facility that have had a PREA case was also obtained. From these listings, one inmate from each housing unit, two segregated inmates, one inmate that reported sexual abuse or harassment, two inmates listed as non-heterosexual, two hearing impaired inmates and two speech impaired inmates were randomly selected. One inmate with limited English speaking proficiency was interviewed utilizing the language line. There are no youthful inmates assigned to the facilities. There are 21 self reported gay/bisexual inmates and no trans-gender or inter-sex inmates assigned to Okaloosa CI. There are three gay/bisexual inmates assigned to the Work Camp. A total of 29 inmate interviews were conducted. Fourteen random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included fourteen interviews for staff designated as: Intermediate/higher-level, Medical, Mental-Health, Contractor, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, Intake Staff and a Volunteer. During the tour the auditor randomly spoke with fourteen staff and 22 inmates. There are 286 volunteers and 25 contractors approved to entry the facility on a daily basis.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Okaloosa Correctional Institution was constructed in 1983 replacing the Niceville Road Prison. The institution lies on 40 acres in northwest Okaloosa County just 6.3 miles south of the Crestview city limits. Okaloosa Correctional Institution (OCI) is a level five facility housing all medical grades, psychological grades one and two and inmates with hearing and sight impairments. The Main Units lawful capacity is 894 which includes 170 confinement, close, medium, minimum, and community custody inmates. The Administrative Building is located on the exterior of the facility at the front entrance. There are two open bay type dormitories, two butterfly type dormitories cell units, and one "T" dormitory cell unit. All cell units are double occupancy. There are no single cell housing units. The "T" dormitory houses one wing of open population inmates and two wings are designated as confinement. The open population wing three accommodates 86 inmates; confinement wing one accommodates 86 inmates in administrative confinement and wing two houses 84 inmates in disciplinary confinement for a total of 256. Each open bay dorm is designated to accommodate 72 inmates on each wing for a total of 144. The butterfly dorm houses 56 inmates on each wing for a total of 224. The Main Unit's perimeter is surrounded by two chain linked fences, the inner fence is ten feet high and the outer fence is twelve feet high with eight rolls on outer fence and three rolls on inter fence strands of stainless steel razor wire. There is one vehicle sally port entrance at the front of the facility, along with a perimeter road for vehicle patrol. Perimeter is patrolled 24 hours.

The Okaloosa Work Camp was constructed in 1988 sitting on twenty acres and houses a lawful capacity of 280 inmates in custody grades of medium, minimum, and community. There are four open bay dormitories with a capacity of 70 inmates in each. The Work Camp's perimeter security consists of two chain link fences, the inner fence is ten feet high and the outer fence is twelve feet high with three strands of stainless steel razor wire. There is one sally port entrance at the front of the facility with a perimeter road for vehicle patrol. The Mission of the Okaloosa Correctional Institution is to provide a safe and secure environment for the general public, staff and inmates through the enforcement of security practices and the continued implementation for Re-Entry strategies to prepare inmates for their successful return to society.

SUMMARY OF AUDIT FINDINGS

115.13 Facility operates at critical level.
115.15 Showers in T Dorm allow cross gender viewing. Facility in process of installing cell door covers at the time of the audit. Completed the privatize screens.
115.33 Inmate Orientation only completed in English. Hearing and sight impaired inmates are not provided orientation in a way they can understand. Completed on October 22, 2015
115.53 Department continues to make efforts to provide outside advocacy group available to the inmate.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 2

Number of standards not applicable: 2

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

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

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

The Department of Corrections has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates. The Department's policy outlines the implementation and approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The Department has an agency wide PREA Coordinator reporting to the Director of Security Operations. Each facility's Assistant Warden of Programs is the designated institutional PREA Manager. They report to the Warden. Procedure 602.053 includes sanctions for those found to have participated in prohibited behaviors. The procedure includes a description of department strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. Procedure clearly states zero tolerance for sexual abuse and harassment. 98 percent plus of the PREA Coordinators time is spent on overseeing the agency efforts to comply with the standards. She coordinates with the other 49 institutional PREA managers and seven private facility PREA Managers. The PREA Coordinator was very knowledgeable about the PREA requirements and was considered very effective in meeting the requirements of PREA.

This was confirmed in staff and inmate interviews. All were aware of the Zero tolerance policy. Staff was aware of prohibited behaviors regarding sexual assault and sexual harassment. Inmates received training upon arrival to the facility. Staff has been trained and is trained annually during in-service training.

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

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Not applicable Facility does not have oversight of contract facilities.

Standard 115.13 Supervision and monitoring

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

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

The facility operates at Level I staffing levels. Procedure 602.030 states Level II posts are essential to the daily normal operation of a facility. Operating at Level II allows all activities and programs to be marginally staffed. Level I posts are critical for the daily operation of a shift. The post chart shows one sergeant and one officer per housing unit. The sergeant is assigned other secondary duties. This leaves one officer for one to four housing units. Level II post are normal operations post.
(1) SECURITY STAFFING LEVELS:
Level I posts are critical for the daily operation of a shift. Operating at Level I may include limiting certain activities such as recreation or work squads. (The Duty Warden must grant her/his approval to eliminate or delay any of these daily activities.) Level I posts will not be utilized for special assignments, extended special assignments, or loans to other departments on a routine basis

Departmental policy requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Daily housing logs reflect shift supervisors making unannounced rounds on all shifts. Video demonstrates unannounced rounds being made.

Each time the staffing plan is not complied with, the facility documents and justifies all deviations for not filling a level I post a report is forwarded to Region Office explaining the circumstances. The most common reason for deviating from the staffing plan in the past twelve months is Staff shortage.

Standard 115.14 Youthful inmates

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

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

Not Applicable Facility is an adult male institution

Standard 115.15 Limits to cross-gender viewing and searches

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

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

T Building unit showers allow for cross gender viewing of inmates while showering. Corrected on June 12, 2015. Permanent shower barriers were fixed to the shower doors.

Policy prohibits visual body searches and body cavity searches by the opposite sex. A review of search logs confirmed no cross gender visual body searches or body cavity searches were performed.

Department has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell or dormitory checks. Dormitory housed inmates are provided privacy while showering (half walls) and while using the bathroom.

Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. The officer in the housing unit officer station announce their presence of female staff at the beginning of the shift and each 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

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

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

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

The auditor interviewed a limited English proficient inmate utilizing the Language Line. He indicated that staff has provided him information on PREA reporting. The 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 next to the telephones or on bulletin boards. Departmental policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegation. Staff and inmate interviews all supported that inmates would not be relied on as translators.

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

Standard 115.17 Hiring and promotion decisions

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

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

The Departmental Policy for Background Investigation and Appointment of Certified Officers (208.049) does not allow hiring or promotions of anyone who has been convicted of sexual abuse in prison/jail or in community. Background checks are done on all employees, contractors and volunteers. Background checks (FCIC/NCIC) are conducted on all new hires. The department is connected as a level II employer and any arrest is provided to the department upon entry into the system. All volunteer and contract re-checks are completed annually and are up to date. According to the interview of the Central Office Human Resource person that handles all requests for employees seeking employment any criminal history is reported to the prospective employing institution.
During the past twelve months 73 staff were hired who may have contact with inmates had criminal background record checks completed. In the past twelve months there were 232 criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

115.17 (a) -1 208.049 Sections 4a, 4c & 4d Pages 6 & 7
115.17 (a) -1: 208.049 6b Page 11
115.17(a)-1 208.049 7a & 7d Pages 11 & 12
115.17(a)-1 208.049 8a2 & 8b Page 13

Standard 115.18 Upgrades to facilities and technologies

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

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

There are 2 cameras in each wing of the two butterfly dorms (C and D) as well as one camera that records the activity at the entrance doors. There is a monitor located in the Officer's stations – the video is recorded and maintained for at least 30 days. E dormitory has 4 cameras in each wing of the confinement unit (wings 1 &2). Wing 3 is general population and has no camera's The monitor and recording device for these cameras are located in the Security Building. The video is maintained for at least 30 days. There are 7 cameras located through-out the food service building. The monitor and recording device for these cameras are located in the Security Building. The video is maintained for at least 30 days. There are 4 cameras located in the Visiting Park. The monitor and recording device for these cameras are located in the Security Building. The video is maintained for at least 30 days. Recreation Yard: There is one camera that monitors and records the recreation yard. The monitor and recording device is located in the Captain's Office. There are 4 education class rooms each with a camera. The monitor and recording device is located in the Captain's Office. There is one camera in each SOS cell, one camera in the Infirmary open bed area and one camera the records/monitors the entrance to the Infirmary. The monitor and recording device are located in the Officer's station.

All cameras except segregation cameras were installed after August 20, 2012.

Currently there are no cameras at the Work Camp.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The Inspector General is responsible for conducting administrative or criminal sexual abuse investigations including inmate-on-inmate sexual abuse or staff sexual misconduct. Department of Corrections has current agreement with Panhandle SART team to conduct forensic examinations. Investigative Officers confirm the Chain of Evidence Protocol during the interview process. Policy is no co pay for any PREA incident or follow-up. Mental health services are provided by Corizion staff. Corizion staff provides follow up counseling. Inspectors were trained by the Moss Group to conduct sexual assault investigations. Office of Inspector General conducts the sexual assault investigations determined to be criminal investigations. There were no SART examinations during the previous twelve months.

Policy provides if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

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

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Interviews with Administrative staff and investigative staff corroborate that all reports of sexual abuse or harassment are reported to the OIG office. Procedure 108.015 covers sexual abuse and harassment investigations. The department ensures that an administrative and/or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015. During the past twelve months, the number of allegations of sexual abuse and/or sexual harassment that were received was 30. During the past twelve months, the number of allegations, resulting in administrative investigation was twelve. There were 20 allegations against staff; sixteen were unfounded and four cases are open and ongoing. There are twelve cases open. During the past twelve months, the number of allegations referred for criminal investigation was six.

Procedure 108.015 Page 7-8 Inspector Responsibilities

Standard 115.31 Employee training

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

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All staff are trained on the policy of zero tolerance and their responsibilities to fulfill their obligations including the searching of trans-gender or inter-sex inmates. Each employee, regardless of his or her position, is trained as a first responder. Each officer station has posted a laminated poster outlining responsibilities in responding to allegations of sexual abuse. Interviews of random staff and general questions asked during the tour demonstrated they understand the zero tolerance policy; the agency policy and procedures for prevention, reporting and responding to a sexual assault or sexual harassment incidents, and the dynamics of sexual abuse and harassment in a confinement setting.
Training records, staff interviews and curriculum reviewed indicated that the staff at Okaloosa Correctional Institution is trained. In the past twelve months, 281 of 281 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive.

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

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates have been trained on their responsibility under department policies. In the past twelve months, there have been 286 volunteers and 31 contractors who have been trained in the agency's policies. The facility maintains documentation of volunteer training on the facility server. Medical maintains their training files in the medical department. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received. The training officer and medical work closely to ensure all medical receive the necessary training.

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

Standard 115.33 Inmate education

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

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

Intake process was observed, the inmate handbook was reviewed and interviews with staff and inmates revealed that inmates receive information at the time of intake about the zero tolerance policy and how to report instances of, or suspicions of sexual abuse or harassment. During the last twelve months 415 inmates were given this information at intake. Departmental policy also requires that inmates that were transferred to Okaloosa Correctional Institution are educated regarding their rights to be free from sexual abuse, harassment and retaliation. Inmates sign an acknowledgment form indicating they received and understand the PREA education. The signed acknowledgment is placed in the inmate master file.

33(d) The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.

The facility did not have a copy of the Spanish version of the Video. The facility did not have inmate education information for deaf, speech or sight impaired inmates. Corrected June 10, 2015. Facility obtained the Spanish version of the video and utilizes closed captioning for deaf inmates.

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

Standard 115.34 Specialized training: Investigations

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

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

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

115.34 Procedure 108.015 Page 10 &11

Standard 115.35 Specialized training: Medical and mental health care

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

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

Medical and mental health practitioners who work regularly at Okaloosa Correctional Institution are trained. The number and percent of all medical and mental health care practitioners who work regularly at this facility and have received training by the agency policy are 24 and 100% respectively.

115.35 Procedure 602.053 page 7 &8

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The Department has embarked on an aggressive initiative to reduce in-cell violence between inmates. The focal point of this initiative is to ensure inmates considered predators or potential predators are housed appropriately. Inmates that can be considered a danger to others should not be housed in cells with inmates who can be considered potential victims. To that end, a major system identifies these types of inmates as well as inmates that may be sexual aggressors or victims. The system is IBAS (Inmate Behavioral Assessment Scale). The Department utilizes a complex web system designed by the Bureau of Classification Management to identify potential inmate predators, prey and those inmates at risk for sexual violence either as an aggressor or as a victim. This is a multi-tiered system that performs a variety of significant functions including ensuring appropriate housing of identified and potential predators and sexual aggressors. Criteria to include past violent convictions, violent disciplinary reports, STG affiliation, release dates, as well height and weight differentials are considered when housing inmates. The housing officer must review and approve any bed changes made. There are four inmates identified as aggressors and none identified as potential victims. There were 415 inmates entering the facility whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

There were elven inmates reassessed in the previous twelve months.

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

Standard 115.42 Use of screening information

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

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

The auditor interviewed members of the intake staff and classification staff to question them on how the IBAS system is used to determine work/housing and education assignments. Each explained how it was used in detail considering victimization among other things. The placement of trans-gender and/or inter-sex inmates is done only after a Medical Review Committee has reviewed the case. Trans-gender/Inter-sex inmates receive a face-to-face review within fourteen days of arrival and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned. Trans-gender and inter-sex inmates are reassessed biannually via a self generated classification appointment. 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.

Standard 115.43 Protective custody

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

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

The administrative segregation unit is housed in E housing unit wing one. 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.

The facility has made every effort to return inmates to open population in less than 30 days. The Inspector is keeping those in segregation for longer than 30 days.

FAC 33-602.220

Standard 115.51 Inmate reporting

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

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

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

FDC Procedure 602.053
FAC 33-103.006 Filing a Formal Grievance

Standard 115.52 Exhaustion of administrative remedies

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

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

Departmental rules allow an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Inmates may file a grievance; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process would not involve staff who may be the subject of the complaint.
FAC 33-103.006 states "If the inmate or third party is filing a grievance involving sexual abuse, it shall be clearly stated in the first line of the grievance that it is a grievance related to sexual abuse. Also on Form DC1-303 the third party filer shall check the box next to Third Party Grievance Alleging Sexual Abuse. If this statement is not included in the grievance and if the third party box is not checked, the grievance shall be responded to. This will not be a reason to return the grievance without action to the filer". There have been no grievances involving PREA related issues filed during the previous year.

There were no emergency grievances alleging substantial risk of imminent sexual abuse filed in the past twelve months. In the past twelve months, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action against the inmate for having filed a grievance in bad faith.

FDC Procedure 602.053
FAC 33-103.006 Filing a Formal Grievance

Standard 115.53 Inmate access to outside confidential support services

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

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

The Department initiated a Request for Purchase (RFP) to solicit the public for outside confidential victim support services. The Department will follow the proper protocols for soliciting bids for service and will award a contract to the best vendor. The vendor will then provide a hot-line, a mailing address and telephone and in-person counseling sessions (as appropriate) to inmates who require emotional support services due to sexual abuse or sexual harassment.

Standard 115.54 Third-party reporting

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

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

Okaloosa Correctional Facility has third party reporting of sexual abuse or sexual harassment through the DCWEB email reporting system to the OIG reporting mailbox and also on the DC website. Inmate and staff acknowledged both during interviews. Third party reporting is available via the DCWEB and third party grievances. The TIPS line is the reporting line with the telephone system. The third party grievance form is available on line at www.dc.state.fl.us/oth/inmates/prea-grievances.html. Citizens may complete report by accessing the OIG website http://www.dc.state.fl.us/apps/igcomplaint.asp

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.61 Staff and agency reporting duties

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

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

Procedure requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported.
Staff interviewed was aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect relevant to PREA. Compliance with all aspects of the standard was verified through a review of the policy and staff / inmate interviews.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.62 Agency protection duties

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

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

Departmental policy and procedure requires staff to take immediate action to protect any inmate they learn is subject to substantial risk. Each staff member interviewed, from the Warden to the line staff person, indicated that when he or she learns that an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate. It starts with removing the inmate from potential danger, notifying their supervisor, investigator and preserving any evidence and the area. During the previous twelve months there were 29 allegations that required the removal of the inmate from general population for substantial risk.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.63 Reporting to other confinement facilities

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

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

Departmental policy requires upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred. The receiving Warden will complete a MINS report reporting the incident to the Inspector General. Interviews of the Warden, and PREA Compliance manager demonstrated they knew the procedures to follow. There were two alleged incidents at other institutions reported during the intake process to staff. Documentation of MINS report was reviewed.

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

Standard 115.64 Staff first responder duties

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

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

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

In the past twelve months there were five allegations of sexually abuse. In each case the staff member receiving the allegation separated the alleged victim and abuser. Of the allegations that an inmate was sexually abused made in the past twelve months, four times a non-security staff member was the first responder.

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

Standard 115.65 Coordinated response

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

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

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

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

The security agreement effective January 14, 2014 covers the discipline of staff on Page 13 article 7. Contracts were reviewed the PREA language was included in the contract. All new and renewed contracts are identified as PREA covered contracts when appropriate. These contracts will include the following language to ensure compliance with 28 C.F.R. Part 115, "The contract/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Par 115. The contractor/vendor(s) will also comply with all of the Florida Department of Corrections' (FDC) policies and procedures that relate to PREA."

Procedure 205.002 page 1

Standard 115.67 Agency protection against retaliation

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

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

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

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

Standard 115.68 Post-allegation protective custody

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

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

The department has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Interviews with the Warden, Segregation Supervisor and some Segregation line staff all indicated that segregation has been used 29 times during the last twelve months to protect an alleged victim or aggressor. On two occasions the inmate was kept in involuntary segregation longer than 30 days. Policy states inmates placed in this status shall be initially reviewed within 72 hours to determine if the inmate can be released to general population. if the inmate remains in confinement he is reviewed every 30 days thereafter.

FAC 33-602.220 Administrative Segregation

Standard 115.71 Criminal and administrative agency investigations

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

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

The Senior Inspector conducts all investigations immediately on being notified of the allegation. Their training records and interview demonstrated the special training they received from the Moss Group and the department trainers. According to her interview the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. Once the Investigator believes a crime has been committed the case is referred to the Office of the Inspector General. The Office of Inspector General is the lead agency in sexual abuse investigations at Okaloosa CI.

FDC 108.015 Investigative Process

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

FDC 108.015 Investigative Process

Standard 115.73 Reporting to inmates

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

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

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

FDC 602.053
FDC 108.015

Standard 115.76 Disciplinary sanctions for staff

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

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

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

Florida Statute 944.35
FAC 60L-36.005 (3) d-g

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

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

Standard 115.78 Disciplinary sanctions for inmates

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

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

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

FAC 33-601.314 Inmate Discipline

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

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.82 Access to emergency medical and mental health services

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

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

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

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

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

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

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

Procedure 602.053 requires all inmates be offered medical and mental health evaluations to those who were sexually abused in any prison, jail or juvenile facility including follow up services. Okaloosa Correctional Institution thru Corzion Medical offers mental health services to all known inmate abusers, if appropriate. The facility also offers mental health service to all know inmate victims as well. This practice was confirmed by interviews with Medical and Mental Health staff.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.86 Sexual abuse incident reviews

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.87 Data collection

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

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

The agency provided documents demonstrating data was being collected, aggregated and maintained. Data is collected from a number of sources, but main source is MINS system. This collects data is done on all PREA cases. The PREA Coordinator has access to information in MINS. The information is aggregated for all to be placed in Annual Report. The report was completed and provided to DOJ in September 2015.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.88 Data review for corrective action

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.89 Data storage, publication, and destruction

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

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

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

AUDITOR CERTIFICATION
I certify that:

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

Hubert L. "Buddy" Kent — December 18, 2015

Auditor Signature — Date