

ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Hubert L " Buddy" Kent			
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Telephone number: 850-509-1662			
Date of facility visit: April 19-20, 2017			
Facility Information			
Facility name: Gadsden Correctional Facility			
Facility physical address: 6044 Greensboro Highway, Quincy , Florida 32351			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 850-875-9701			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer:			
Number of staff assigned to the facility in the last 12 months: 313			
Designed facility capacity: 1544			
Current population of facility: 1551			
Facility security levels/inmate custody levels: Medium, minimum and community			
Age range of the population: 20-73 years of age			
Name of PREA Compliance Manager: Kenyan Norton		Title:	Compliance
Email address: kenyan.norton@mtctrains.com		Telephone number:	850-875-9701
Agency Information			
Name of agency: Management & Training Corporation			
Governing authority or parent agency: <i>(if applicable)</i> State of Florida			
Physical address: 500 N. Marketplace Dr. Centerville, UT 84014			
Mailing address: <i>(if different from above)</i>			
Telephone number: 801-693-2600			
Agency Chief Executive Officer			
Name: Scott Marquardt		Title:	President
Email address: scott.marquardt@mtctrains.com		Telephone number:	801-693-2600
Agency-Wide PREA Coordinator			
Name: Mark Lee		Title:	Senior Director,
Email address: mark.lee@mtctrains.com		Telephone number:	801-693-2864

AUDIT FINDINGS

NARRATIVE

The on-site audit of Gadsden Correctional Facility was conducted on April 19-20, 2017. Approximately four weeks prior to the audit, the auditor received the PREA per-audit questionnaire and additional documents on a disk by mail. Upon arrival we met with the PREA Manager in the administration building discussed the proposed schedule for the audit. The day before the audit the auditor received, 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. From these listings, one (1) inmate from each housing unit, one segregated inmate, one who reported sexual abuse or harassment and two listed as non-heterosexual. There were no hearing or sight impaired inmates assigned to the facility. Two inmates with limited English speaking proficiency was interviewed utilizing the language line. There are no youthful inmates assigned to the facilities. There were one hundred eight one self-admitted gay/bisexual inmates and no trans-gender or inter-sex inmates assigned to Gadsden Correctional Facility. The computer based screening process (IBAS) did not identify any potential aggressors or victims assigned to the facility.

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 April 19, 2017 from 9:00 am to 12:30 pm. There are a total of 14 buildings on the main unit grounds. The contract capacity for the Gadsden is 1550. The population at the time of the audit is 1541. The average daily population for the main unit for the previous 12 months was 1541. The age range of the inmates assigned is from 20 to 73 years of age. There have been 1174 inmates assigned Gadsden Correctional Facility during the previous twelve months for 72 hours or more. There are 320 inmates that were assigned prior to August 20, 2012. The average length of stay is 1.26 years. The custody level of the inmate population is Medium to Community. There is Three Hundred thirteen staff assigned. There has been one hundred twenty nine staff hired during the past twelve months. The areas toured were a total of four open bay four quads each dormitory housing units, one six quad dormitory housing unit and various departments within the secured perimeter. One cell unit is utilized as segregation only. There are 46 beds in the segregation housing unit. Twenty two are utilized for administrative segregation and twenty four are utilized as disciplinary segregation. While touring, random inmates and staff were informally interviewed and questioned about their knowledge of PREA. During the tour the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; tested the inmate phone system for reporting allegations and facility operations. Following the Tour, the auditor began the interviews, review of investigations, checking of cameras, and random checks of personnel, medical, and training records. Additionally, the auditor spoke with the Contract Monitor. Staff interviewed was well versed in their responsibilities in reporting sexual abuse and suspected sexual abuse. When questioned about evidence preservation, staff responses reflected departmental policies and standard requirements. The auditor found the inmates aware of PREA and how to report.

The various departments toured were Classification, Food Service, Medical, Mental Health, and Security. Segregation/Confinement units are The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending.

A total of twenty eight random inmate interviews were conducted. Ten random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included fourteen (14) 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 forty-eight inmates. There are twelve hundred eighty six volunteers and twenty nine contract staff approved to entry the facility on a daily basis.

During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received is Ten. Eight cases were PREA and 2 did not rise to PREA. All cases were investigated as administrative one was a criminal case sustained closed with an arrest. Two were closed as not sustained. Five cases are open and on going.

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked Management and Training Corporation and Gadsden Correctional Facility staff for their work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

Gadsden Correctional Facility (GCF) is an all-female facility located at 6044 Greensboro Highway, in Gretna, Florida, approximately three miles north of Interstate 10, in Gadsden County. The facility grounds occupy 106 acres, with an estimated 92 acres within the secure perimeter. GCF has a capacity of 1,550 inmates, but on average, houses 1,544 inmates. GCF opened its doors in April 1995, under the management of USCC, then by CCA, and is currently operated by Management & Training Corporation (MTC), under contract with the Department of Management Services (DMS). GCF was the first private owned facility in Florida to house state inmates under contract with the Department of Corrections. MTC took over management in August 2010. The facility has a total of 24 buildings. There were 1373 inmates admitted to the facility for seventy two hours or more. There are 360 inmates admitted prior to August 20, 2012. There are three hundred thirteen staff assigned to the facility at the time of the audit. There were 129 new hires during the previous twelve months. The age range of the inmates was 20 years of age to 73 years of age. The custody level is Medium, Minimum, and Community. The average length of stay is two years and two months. Segregation unit is a 46 bed unit located on the east side of the compound. Twenty two beds are designated for administrative confinement and 24 beds are designated as disciplinary confinement.

As you enter the main parking lot from Greensboro Highway, the first building to the left is the Administration building. As you enter the Administration building, you will be greeted by the receptionist, and then immediately to your left is the Warden's office. In the Reception area, you will find the Business Manager's office, as well as some of his staff. As you proceed down the hallway, you will pass the staff break room, and offices of the Compliance Manager, Inmate Accounts/Purchasing, Human Resources and at the end, the Training Room, where you will find the Training Manager, Training clerk and IT offices. Exiting the Administration building, straight ahead you will see the Warehouse (this would have been the first building to your right entering the main parking lot). The Warehouse houses the supplies/inventory for the facility, as well as the Commissary Office and inventory, the Facility Mail room, and the RRT Team Ready Room. Exiting the Warehouse, to your left, is the Maintenance building. The Maintenance building houses the maintenance office, shops and vehicle bay; Tool Room and Cage; Fire & Safety office; Outside Grounds bay; and excess tool storage room. Surrounding the Maintenance building you will find our recycling shed, compactor, paint/chemical inventory room, and the water tower. The City of Gretna supplies water to the Facility.

There are two entrances into the secure perimeter- the Control Room/Front Entrance and the Sally Port/Vehicle Entrance. The Control Room/Front Entrance is just past the Administration building, with the front door shaded by a very large pavilion. Once you are processed through the Front Entrance by security staff, you will proceed through two security gates and enter the Visitation Park. Visitation is held on Saturday and Sunday, and certain holidays, from 9:00am-3:00pm. There is a cashless canteen for visitors' use located in the Visitation Park. As you exit the Visitation Park, you will proceed to your right on the main walkway. There are four, proto-typical, open bay dormitories to your left (Alpha, Bravo, Charlie and Delta), which house 284 inmates each. As you continue on the main walkway, you will come to an "intersection"- proceeding down the sidewalk to your left, you will walk in between the four dormitories, and finish at the Chapel and the Recreation area. The Recreation area houses a full size gym, as well as outside activity areas- two tennis courts, basketball courts, softball field, two sand volleyball courts, an obstacle course area and a ¼ mile walking/running track. Going back to the "intersection," and proceeding right, you will pass through the Breezeway/Security Building. The Security Building houses Deputy Warden of Operations and Secretary, Chief of Security and Secretary, Administrative Lieutenant, Shift Supervisors, Contract Monitor and Staff break room. Continuing through the Breezeway, you will enter the Courtyard area. To your left and continuing clockwise, are the following: AutoCad class, Library, Food Service, Culinary Arts, HVAC, Horticulture Bay, Transition/CDL/Cosmetology, and Laundry. These are all in one continuous building. After the separation in the buildings, continuing clockwise, are the following: Property/Intake, Classification (Florida Department of Corrections staff), Medical (Infirmary/Dental/Mental Health/Pharmacy), and Education (Deputy Warden of Programs office/Programs Specialist office/Principal/Secretary/5 Classrooms). On the right side of the Courtyard, there are two classrooms, and on the left side, is the Greenhouse. There is a large garden planted on the right side, behind the two classrooms.

As you exit the Courtyard area, continuing on the sidewalk from the breezeway, to your left is Foxtrot dormitory, with houses 408 inmates within its six quads. Also in Foxtrot Dormitory, you will find our RTU (Residential Treatment Unit) staff, offices and classrooms. Three quads within Foxtrot are specifically designated to the RTU program, and house the inmates assigned to RTU by the Florida Department of Corrections. On your right is the Segregation/Confinement building. The new, two story unit has (46) single person cells- (22) Administrative Confinement cells (24) Disciplinary Confinement cells. The old unit has (15) two person cells, is used only in case of emergency, or exigent circumstances. The second entrance in to the secure perimeter, the Sally Port/Vehicle Gate, is to the right of the Segregation Unit entrance.

Staff members at MTC/Gadsden manage inmates who will soon be released into society. To increase their opportunity for success, the facility provides rehabilitative programming, life skills and re-entry services for each inmate. MTC/Gadsden provides inmates a variety of recreational activities in an effort to promote healthier lifestyles. The facility also has three active canine rescue and training programs: Canine Companions for Independence (CCI), National Greyhound Foundation/Prison Greyhound Partnership Program/Second Chance at Life and Easter Seals/K-9s for Kids. MTC Gadsden is an active community partner, as a Chamber of Commerce Member and a supporter of many local charities.

SUMMARY OF AUDIT FINDINGS

115.13 staffing does not meet the requirements of the contract. They only staff the critical posts not

115.68 Did not provide adequate justification for placement in Administrative segregation over twenty four hours per policy. Corrected June 9, 2017.

Not applicable

115.12

115.14

115.66

Number of standards exceeded:

Number of standards met: 38

Number of standards not met: 2

Number of standards not applicable: 3

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.

Management Training Corporation (MTC) and the Florida Department of Corrections (FDC) both have policies that mandate a zero tolerance for sexual abuse and sexual harassment of their inmate populations. The facility meets the standard based on the Policy and Procedure 602.053 Prison Rape: Prevention, Detection and Response. MTC policy is 903E.02 page 5-6. The policies also present a plan to address prevention, detection, and responses for all employees. The department has an agency wide coordinator. The agency (MTC) employs both a PREA Compliance Coordinator and an Assistant PREA Coordinator and the facility assigns a Compliance Manager as the PREA Manager. Department of Corrections Compliance Manager spends ninety eight percent plus of her work time on PREA. She coordinates with the other 49 institutional PREA managers and 7 private facilities. The PREA Coordinator reports to the Director of Security Operations. The PREA Coordinator was very knowledgeable about the PREA requirements and is considered very effective in meeting the requirements of PREA. Institutional PREA Manager is the Compliance Manager. The Assistant Warden of Programs is the Auxiliary PREA Manager. They report to the Warden. The institutional PREA manager coordinates with all areas of the institution to achieve compliance with the standards. The organization chart was reviewed.

FDC 602.053 Prison Rape: Prevention, Detection and Response Page 2 Section 2
MTC policy 903E.02 page 5-6.

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 the facility does not contract out the housing of inmates.

Facility is monitored on a daily basis. A check list is utilized to ensure compliance with contract.

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.

Facility does not meet the contract obligation to staff all Level I and II post. Facility only staffs level I post. Level I only provides for one officer for 4 housing units. Level II provides one officer per two housing units.

Shift Lieutenant did not make rounds on date in folder. Rounds were made by two sergeants. One sergeant made rounds in F housing unit, Perimeter and infirmary. Review of control room log shows the another sergeant completed the rounds in all housing units including confinement. One Sergeant signed showing rounds did not work the shift. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

The most common deviations were unscheduled absences, medical trips to outside hospitals. The shift always starts at the critical level. At the time of the audit there were 27 vacancies. Overtime is used to start the shift at critical or to call staff in during the shift.

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.

Facility is an adult housing facility. No youthful inmates are housed here.

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.

Gadsden Correctional Facility is an adult female 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, Gadsden Correctional Facility has not conducted cross-gender strip searches or cross-gender visual body cavity searches in the last 12 months. Departmental Policy states institutions shall not search or physically examine a trans-gender or inter-sex 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 trans-gender and inter-sex 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 trans-gender or inter-sex inmates 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 trans-gender and inter-sex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Dormitory housed inmates are provided privacy while showering (shower curtains) and while using the bathroom (half walls). Male 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

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 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 shall 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, limited reading skills, or who are blind or have low vision. 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. 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. A inmate translator was not used in a PREA allegation during the previous twelve months.

Procedure 602.053 Sections 2e2 & 2e3 Page 8
Procedure 604.101 Page 9-11
MTC Procedure 903E.02 Page 6

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/NCIS) 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. There were 129 background checks completed in the previous twelve months.

MTC prohibits hiring and/or promoting staff who have contact with inmates who have engaged in sexual abuse and/or sexual harassment. Material omissions or the provision of materially false information by staff is prohibited as detailed in MTC policy 203.01.B.8.b.18 Rules of Conduct. (115.17(g)- 1)

Contractors having contact with inmates require a background check before enlisting services and every five years of continued service in accordance with MTC policy 13.20 Purchase Policy. (115.17(d)-1) (115.17(e)-1)

115.17 (a) -1 208.049 Sections 4a, 4c & 4d Pages 6 & 7
115.17 (a) -1 208.049 6b Page 11

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.

Facility added camera's to provide security on the utility closet areas.

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 Office of the Inspector General shall conduct all investigations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment pursuant to section 944.31, F.S., Procedure 108.003, Investigative Process and Procedure 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations except when a Memorandum of Understanding is in place. Inspectors were trained by the Moss Group to conduct sexual assault investigations. Department of Corrections has current agreement with Panhandle SART team to conduct forensic evaluations. 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 MTC staff. Mental health staff provides follow up counseling. Refuge House, Inc. P.O. Box 20910 Tallahassee, FL 32316 is the outside vendor to provide crisis counseling and victim advocacy services if requested.

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
MTC Procedure 903E.02 Pages 8-9

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 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 a criminal investigation are completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015.

During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received is Ten. Eight cases were PREA and 2 did not rise to PREA. All cases were investigated as administrative one was a criminal case sustained closed with an arrest. Two were closed as not sustained. Five cases are open and on going.

Procedure 108.015 Page 7-8 Inspector Responsibilities
MTC Procedure 903E.02

Standard 115.31 Employee training

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

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

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, trans-gender, inter-sex, 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. Each housing unit has a laminated poster in the officer station outlining responsibilities in responding to allegations of sexual abuse. 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 at is trained. In the past 12 months, 313 of 313 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 maintain in E-Train 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

- 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 12 months, there have been 1281 volunteers and 29 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 personnel office. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault.

115.32 (a) 1: Procedure 602.057 Section 1g1 Page 5
MTC Procedure 901D.02 Training Requirements

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.

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 emphasize 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 definitely 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. A random review of inmate records showed that inmates acknowledge through signature they have received and understood the training. During the last 12 months 1353 inmates were given this information at intake.

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.

Departmental policy requires the inspector's 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 the 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

- 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 Gadsden 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 Gadsden Correctional Facility and have received training by the agency policy are 31 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.

Department of Corrections Policy requires that inmates be screened using an screening instrument for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 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. This is normally done on the day of intake unless exigent circumstances occur. Within 30 days from the inmate's arrival at the facility, a file audit is completed reassessing the Inmate's risk of victimization or abusiveness based upon any additional, relevant information that bears on the inmate's risk of sexual victimization or abusiveness. An inmate is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked regarding mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, trans-gender, inter-sex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; or the inmates own perception of vulnerability. Departmental policy states will implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. There were 1,353 admission to the facility during the previous twelve months for seventy two hours or more. There were eight

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 security 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 transgendered and/or intersex inmates is done only after a Medical Review Committee has reviewed the case. Housing decisions are done on a case by case basis not on their external genital anatomy. Transgender/Intersex 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. 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 is no transgender/intersex inmates assigned to Gadsden Correctional Facility. Staff interviewed acknowledged transgender/intersex inmates would be given an opportunity to shower separately.

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

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 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 7 days for the first sixty 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.

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.

Department of Corrections provides multiple ways for inmates to report sexual abuse, sexual harassment, and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment to include anonymously upon request. Inmates can call the department hot-line. Inmates can also report to staff verbally or in writing. Departmental website provides for third party reporting. Interviews of inmates, staff and review of policies, inmate handbooks and information posted next to the inmate phones in the housing areas verified the inmates have multiple internal ways to report incidents of abuse or harassment. During the tour the phones were tested. Examples of inmate reporting through different means were reviewed when investigative cases were reviewed. Staff accepts reports made verbally, in writing, anonymously, 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 via the hot-line. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard. Gadsden Correctional Facility does not house inmates solely for civil immigration.

FDC Procedure 602.053
FAC 33-103.006 Filing a Formal Grievance

Standard 115.52 Exhaustion of administrative remedies

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

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

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

FDC Procedure 602.053 page 10
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

- 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 provides inmates with access to outside victim advocates for emotional support services related to sexual abuse with a memorandum of understanding with Refuge House, Inc. P.O. Box 20910 Tallahassee, FL 32316. Inmates are provided mailing addresses and telephone numbers. Facility is an adult prison and does not house individuals detained solely for civil immigration purposes. Inmates are provided reasonable communication between inmates and these organizations in as confidential a manner as possible. The Institution informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The institution informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality.

FDC 602.053 Page 20 Section 3
MTC 902E_2 Page 10 Section 21
Collaborative Agreement without Outside Victim Advocate

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.

The department has third party reporting of sexual abuse or sexual harassment through the DCWEB email reporting system to the IG reporting mailbox and also on the DC web site. Inmate and staff acknowledged both during interviews. Third party reporting is available via the DC WEB line and third party grievances. 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 IG web site <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.

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.

Department policies require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the Inspector General via the MINS reporting system. Review of investigative files; and interviews of staff and inmates verified staff immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

FS 944.35 Page 2 Section 2D Section 4A-4C
Staff Training Curriculum PREA Pages. 3-4 Section 18, Section 19
903E.02 Ensuring Safe Prisons page 13 Section 26

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 requires staff to take immediate action to protect any inmate they learn is subject to substantial risk. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Shift Supervisor, Chief of Security and Warden. The staff take immediate action when they become aware of the allegation. This was confirmed in interviews with all levels of staff.

FAC 602.220 Administrative Confinement
FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 1-3
903E.02 Ensuring Safe Prisons page 14 Section 24

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 when a sexual abuse 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 within 72 hours after receiving the allegation. Interviews of the Warden, Deputy Warden and PREA Compliance manager demonstrated they knew the procedures to follow. In the previous twelve months, no allegations were received during the intake process. If a allegation was received the facility would MINS the report to the Inspector General. In the previous 12 months, no allegations of sexual abuse was received from other facilities.

FDC Procedure 602.053 Page 10/Sec. 8

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.

The facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Confidentially (preferably by phone) notify the shift supervisor.

There were eight allegations made during the previous twelve months. None of the allegation were made within a time frame for evidence collecting. There were five times the allegation was reported to a none security staff member. They followed procedure and contacted the shift supervisor

FDC Proc. 108.015 Pg. 5-7/Sec. 7A-7L, 7R, 7U

FDC Proc. 602.053 Pg. 10/Sec.4A4

PREA Staff Training Curriculum Pg. 2/Sec. 21-23; Pg. 3/Sec. 21-22; Pg. 4-6/Sec. 22-2

903E.02 Ensuring Safe Prisons page 14 Section 26

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.

Gadsden Correctional Facility has a first responder response in place. The plan 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
903E.02 Ensuring Safe Prisons page 15 Section 27

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

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

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

Not Applicable the facility is a at will employer and not covered by collective bargaining agreement.

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 Assistant Warden of Programs 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 Assistant Warden of Programs feels the situation requires it. With inmate retaliation the Classification staff looks at inmate disciplinary reports, housing, and or program status changes. The Assistant Warden of Programs monitors staff by reviewing performance reviews or reassignments and shift changes.

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

- 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. The facility was not justifying the placement of inmates in segregated status for over 24 hours. The average stay was 10 days in segregation. The warden and classification supervisor are in compliance with departmental policy. All inmates placed in segregated housing are seen within twenty four hours assessed for alternative housing . If alternative housing is not available justification is provided and all components of standard 115.43 are met.

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 Department of Corrections Office of Inspector General conducts investigations into allegations of sexual abuse and sexual harassment, it does so thoroughly, and 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 Senior 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 the Moss Group and the 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 only after consulting with the state attorney as to whether compelling interviews may be an obstacle for subsequent criminal prosecution. 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 contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

FS 944 31 Pn 1

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 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 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 Gadsden Correctional Facility. In each 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. In one allegation substantiated of sexual abuse by a staff member, the inmate was 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 department 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 Inspector 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.

FDC 602.053 page 14 Section 9
FDC 108.015 Page 10 Section 11B, 11D

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 was one allegation of sexual abuse made against staff. The allegation was sustained resulting in an arrest and termination of employment.

Florida Statute 944.35 Page 2 Section 2B1-2B3 Section 3D, Section 4A-4B
FAC 60L-36.005 (3) d-g

903E.02 Ensuring Safe Prisons page 16 Section 33

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 but 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 there have been no allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they were aware of the zero tolerance policy for engaging in sexual abuse or sexual harassment of inmates or staff. There have been no issues with any contractors or volunteers at Gadsden Correctional Facility.

FDC 602.053 Prison Rape: Prevention, Detection, and Response
FDC 205.002 Contract Administration and Management 205.002 Page 24 Section 15C4

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.

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. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months there were no administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past twelve months no findings 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 facility has posted a range of penalties for prohibited conduct. The disciplinary team has ten different levels or combination of levels to administer penalties. The facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Medical, Mental Health and the warden all confirmed participation is not a condition of access to the program. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

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.

Inmate handbook states "There is no such thing as legal consensual sex in prison. Department of Corrections policy prohibits 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

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 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. In the previous twelve months all that reported prior victimization during the intake process were seen by mental health staff. In the past 12 months, All inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow up meeting with a mental health practitioner. 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 logs 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.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12 Section 6A-6B
MTC Procedure 903E.02 Page 17 Section 36

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. 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. Centurion Medical Services 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. During normal working hours while waiting mental health staff conducts an evaluation for suicidal ideation and on-going counseling if after hours nursing staff follow established protocols to assess mental health suicidal ideations. 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 have 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
Health Services Bulletin 15.03.36
FDC 401.010 Page 3 Section 1D9

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. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Gadsden Correctional Facility thru Centurion 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. 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 on-going medical and mental health care for sexual abuse victims and abusers. Medical and mental health conducts follow-up care for sexual abuse incidents. There were one hundred reporting sexual abuse during the intake process all were referred to mental health for treatment.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12-13 Section 6C, 6E-6F
Health Services Bulletin 15.03.36

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. 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 of Programs, Chief of Security and the Classification Supervisor. The review team gets input from line supervisors, Inspectors, and medical or mental health practitioners. The auditor reviewed two incident reviews. The incident review was used determining causes and better policies and practices to better prevent, detect, or respond to sexual abuse. 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

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.

MTC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. MTC aggregates the incident-based sexual abuse data at least annually. The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. MTC will provided the Department of Justice with requested data from the designated time period year upon request. The facility provides the Department of Corrections with incident based documents.

MTC Procedure 903E.02 Page 18 Section 40

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 facility and Central Office PREA coordinator and manager 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 for inmate-on-inmate cases is forwarded to the PREA Coordinator monthly. The PREA Coordinator ensures the information is provided for purposes of departmental reporting. An annual report is prepared approved by the director and posted on the web site.

MTC Procedure 903E.02 Page 19 Section 41
2015 Annual PREA Report on Web Site

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 facility ensures that incident-based and aggregate data are securely retained. MTC policy requires that aggregated sexual abuse data from facilities under its direct control be made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, the facility removes all personal identifiers.

MTC maintains sexual abuse data collected for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

MTC Procedure 903E.02 Page 19 Section 42

AUDITOR CERTIFICATION

I certify that:

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

Hubert L. "Buddy" Kent

June 10, 2017

Auditor Signature

Date