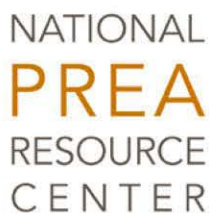


ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Hubert L " Buddy" Kent			
Address: P.O. Box 515			
Email: auditorbuddykent@yahoo.com			
Telephone number: 850-509-1662			
Date of facility visit: December 14-16, 2015			
Facility Information			
Facility name: Century Correctional Institution			
Facility physical address: 400 Tedder Road, Century, FL			
Facility mailing address: <i>(if different from above)</i> Same as Above			
Facility telephone number: (352) 394-6146			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input 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: Randall Bryant			
Number of staff assigned to the facility in the last 12 months: 428			
Designed facility capacity: Main Unit 846, Century Work Camp 196, Berrydale Work Camp 200			
Current population of facility: Main Unit 1288 Century Work Camp 238 Berrydale Work Camp 116			
Facility security levels/inmate custody levels: Close, Medium, Minimum, Community			
Age range of the population: 19 to 74 years of age			
Name of PREA Compliance Manager: Jonathan Hutchins		Title:	Assistant Warden
Email address: Hutchins.Jonathan@mail.dc.state.fl.us		Telephone number:	850-256-2600
Agency Information			
Name of agency: Florida Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Florida			
Physical address: 501 South Calhoun Street, Tallahassee, Florida 32999			
Mailing address: <i>(if different from above)</i>			
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

DESCRIPTION OF FACILITY CHARACTERISTICS

Century Correctional Institution is located at 400 Tedder Road, Century, Florida. Century Correctional Institution, Century Work Camp, & Berrydale Forestry Camp are situated on 203 acres cumulatively. The Main Unit compound consists of 40 acres within a secure perimeter with additional outlying buildings and acreage. Century Work Camp is one quarter mile west of the Main Unit and has ten fenced acres. Berrydale Forestry Camp is approximately 25 miles East of the Main Unit on Highway 4 and encompasses sixteen fenced acres respectively.

There were 1102 inmates admitted to facility during the past twelve months. There were 680 inmates admitted to facility during the past twelve months whose length of stay in the facility was for 30 days or more. There were 1102 inmates admitted to facility during the past twelve months whose length of stay in the facility was for 72 hours or more. There are 134 inmates assigned to the unit who was admitted to the unit prior to August 20, 2012. There are no youthful inmates assigned. The age range of the inmates is from 19-74 years of age. The design capacity of the main unit is 846. The lawful capacity is 1345. The average length of stay at the Main Unit 1.4 years. There are 428 staff assigned. There were 84 new hires during the past twelve months. There are 37 contract medical staff assigned.

The secure compound is surrounded by parallel twelve-foot chain link fences containing ten rows of razor ribbon wire. The entire fence line is additionally protected by the utilization of two electronic monitoring systems, microphonic and microwave. Both systems are monitored and controlled by the Main Control Room. The outer-most fence is surrounded by a perimeter road, which is patrolled by armed security staff 24 hours daily. There are three elevated security towers strategically located within each section of the compound. The two of these towers are manned and armed 24 hours daily.

The compound is divided into three sections. Most of the buildings are of concrete block construction. The T dormitory is constructed of precast concrete. The Tower three gatehouse is of wood frame construction. The two butterfly dormitories have brick facades, but are of block construction.

The South section of the compound has the main ingress/egress sally port for pedestrian and emergency vehicular traffic which is adjacent to the Control Room/Security Building. Also, located in this first section is the Visiting Park, Chapel, Vocation/Education/ Grounds Building, Library/Transition/Substance Abuse Program Building, Staff Canteen/Barbershop/Shoe Shine Building, Laundry, Food Services Building, Health/Classification Building, Administrative Confinement Building, a small farm area, and the West Vehicle Sally port Gate. Routine vehicle entrance is through the West Gate. The administrative confinement unit has 46 cells utilized as double occupancy. Administrative confinement has a capacity of 88. Two cells are single cell for handicap individuals. Two cells are utilized as observation cells for at risk inmates.

The Center section of the compound has five open bay dormitories with capacities varying from 142 to 144 inmates each. Two butterfly dormitories have 112 cells utilized as double occupancy for a total capacity of 224 each. One T dormitory with 132 cells with double occupancy for total capacity of 258. One wing (Wing two) is being utilized as Disciplinary Confinement. Discipline Confinement has a capacity of 88. There are two sally port gate houses located adjacent to Towers two and three, a Support Building containing two inmate canteens and a boiler room, and a Support Building containing the OIC's office, inmate canteen, inmate barbershop, and a storage cage. There are also two pavilions located in the Center section.

The North section contains the inmate recreation area. It contains a Recreation Building, a pavilion, and various specialized areas. The Recreation Building contains offices, an equipment storage area, and a weight cage. A pavilion is adjacent to the Recreation Building, affording tables, benches, and television for inmate use. There is a full basketball court, handball court, two shuffleboard courts, football field, soccer field, volleyball court, calisthenics area, walking/running track, and table tennis area.

There are eleven buildings outside the secure perimeter. They include the Administrative Building, Staff Housing and Warden's Housing, Staff Training Building, Firing Range Building, a Kennel/Canine Office, Warehouse, Records Storage Building, Maintenance Buildings with a full Motor Pool vehicle repair shop, a Welding shop, and the Tool room. All of these buildings are constructed of concrete block with the exception of the two Warden's housing buildings, which are wood frame with brick exteriors.

Century Work Camp was opened in 1994 and is located on 12.5 acres with ten acres within a secure perimeter. It is surrounded by parallel ten-foot, inner and twelve-foot, outer, chain link fences each topped with razor ribbon wire. The outer-most fence has a roll of razor ribbon wire attached at the base on the interior side of the fence. The Work Camp control room utilizes a microphonic system to monitor the entire perimeter fence. The Sally port area has a microwave monitor system in use in addition to the microphonic system. A perimeter road encircles the work camp, which is patrolled by armed staff twenty-four hours a day.

Inside the secure perimeter of the Century Work Camp there are seven concrete block buildings. The Control Room/Administrative Security Building, a Sally port Building, two Open Bay dormitories, a Food Service, a Multi-Purpose Building, and Recreation Building. The Work Camp has one Inmate Canteen, one Inmate Barbershop and one Visitation Pavilion. Century Work Camp has two single story, open bay dormitories in which Medium, Minimum, and Community Custody inmates are housed. The design capacity is 196. The lawful capacity is 284. The average length of stay at the work camp is .5 months

Berrydale Forestry Camp is located in the small rural community of Berrydale, Florida, which is approximately 30 minutes east on Highway 4. Once known as "Jay Road Camp", Berrydale has quite a history dating back to the late 1930s. The Forestry Camp sits on sixteen fenced acres. It is surrounded by an eight-foot, nine-gauge chain link detention fence. The interior sides of the fence are topped with barbed wire and one roll of long barbed razor ribbon wire. The perimeter has a security rating and is patrolled by an armed Correctional Officer twenty-four hours a day. There are sixteen buildings of various constructions. Inside the secure perimeter you will find a Warehouse, and a Multi Purpose- Recreation/Library/Tool Room Building. Outside of the secure perimeter, you will find a Sewage Treatment Plant Testing Building, and a general storage building, which, are of wood frame construction. The Maintenance Building,

SUMMARY OF AUDIT FINDINGS

115.13 Lack of staffing

115.33 Inmate Orientation Inmates returning from court did not receive PREA orientation after returning from court.

115.53

115.68 Restrictive Housing inmates in restrictive housing are not being provided the programs and privileges as outlined in chapter 33.

Number of standards exceeded: 1

Number of standards met: 37

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.

The facility meets the standard based on the Policy and Procedure 602.053 Prison Rape: Prevention, Detection and Response. The department has an agency wide coordinator. 98 percent plus of her work time is spent on PREA. She coordinates with the other 49 institutional PREA managers and seven private facilities. The PREA Coordinator reports to the Director of Institutions. The PREA Coordinator was very knowledgeable about the PREA requirements and was considered very effective in meeting the requirements of PREA. Institutional PREA Manager is the Assistant Warden for Programs. He reports to the Warden. The institutional PREA Manager coordinates with all areas of the institution to achieve compliance with the standards.

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

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Not applicable Facility does not have oversight of contract facility.

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. One of the two is then assigned secondary duties to provide security coverage for the yard, recreation, dining hall or canteen lines. This leaves one officer on the unit. They are assigned to the officer station. Routines rounds are not being made due to level I staffing. There are ninety (90) in TEA class. TEA's are not allowed to directly supervise inmates.

Daily housing logs reflect shift supervisors making unannounced rounds on all shifts.

(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

FDC Procedure 602.030

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 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.

T Buildings showers units have panels across the middle of the shower doors prohibiting cross gender viewing of inmates while showering. Dormitory housed inmates are provided privacy while showering (half walls) and while using the bathroom. Female staff announce each time they enter into the housing units.

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.

This process was verified during the tour and with the interviews conducted with the inmates and staff. Housing Logs show the opposite gender announcement made at the beginning of each shift. The announce is made during the shift if opposite gender staff are assigned to the dorm.

Housing and Control Logs show the Officer in Charge making unannounced rounds.

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

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

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

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

The 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 two limited English proficient inmates utilizing the Language Line. They indicated that staff has provided them information on PREA reporting. The auditor verified a staff translator list was available. The department has a contract with Language Line for all languages. The language line is available for use by staff when a staff translator is not available. There are posters in English and Spanish posted 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.

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

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.

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.

Facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. During the audit the facility was in the process of installing upgrades to the video system in the segregation unit.

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 Department is responsible for investigating allegations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Procedure is outlined in 108.015. 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.

Department of Corrections has a current agreement with the 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 Corizon staff. Corizon staff provides follow up counseling. Currently there is not an outside agreement to provide crisis counseling and victim advocacy services for Century CI. There was one SART examination conducted in the previous twelve months.

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 Inspector General's office. Procedure 108.015 covers sexual abuse and harassment investigations. The agency 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 sexual harassment that were received is 32. During the past twelve months, the number of allegations resulting in an administrative investigation is two. During the past twelve months the number of allegations resulting in criminal investigations is 30. All cases that were closed were determined to be unfounded.

Procedure 108.015 Page 7-8 Inspector Responsibilities

Standard 115.31 Employee training

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

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

All staff are trained on the Agency policy on 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 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. A refresher course is mandatory each year.

Training records, staff interviews and curriculum reviewed indicated that the staff at Century Correctional Facility is trained. In the past twelve months, 428 of 428 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive. Training records are maintained in the department's E-Train data base.

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

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates have been trained on their responsibility under Department policies. In the past twelve months, there have been 108 volunteers and contractors who have been trained in the agency's policies. The facility maintains documentation of volunteer training in the chaplain's office. Medical maintains their training files in the medical department. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault. Auditor reviewed the read and sign documents for the volunteers.

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.

Inmate PREA education is available in accessible formats for all inmates including those who are Limited English proficient, Deaf, Visually impaired, otherwise disabled and limited in their reading skills. The 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 680 inmates were given this information at intake. Departmental policy also requires that inmates that were transferred to Century Correctional Institution are educated regarding their rights to be free from sexual abuse, harassment and retaliation. Documentation is made of the inmate's participation in these educational sessions.

Departmental policy requires inmates out to court in excess of 30 days are to receive PREA orientation upon their return from court. Review reflects not all inmates receive the training on return from court.

Corrected on 02/03/2016. All inmates who were out to court were provided PREA education. Staff has a process in place to ensure that all inmates who return from court receive the PREA education again.

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

Standard 115.34 Specialized training: Investigations

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

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

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

115.34 Procedure 108.015 Page 10 & 11

Standard 115.35 Specialized training: Medical and mental health care

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

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

Medical staff receive training following the Department Lesson Plan. Corzion trains medical staff via computer program in the medical unit. All full-time and part-time medical and mental health care practitioners who work regularly at Century Correctional Facility have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 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 32 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 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.

In the past twelve months there were 1102 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. The departmental policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions relating to whether the inmate has a mental, physical, or developmental disability, whether the inmate is or is perceived to be gay, lesbian, bisexual, trans-gender, inter-sex, or gender non-conforming whether the inmate has previously experienced sexual victimization or the inmate's own perception of vulnerability. There were 58 inmates who were reassessed for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of an alleged incident

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, biannually and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned. Additionally, inmates who are identified as at high risk for perpetration or victimization are monitored through the IBAS system, to ensure inmates are not assigned to work, housing or education assignments in a manner that might increase their propensity for abuse.

FDC Procedure 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.

Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter. Review reflects upon arrival no inmate has been placed in involuntary segregated housing for risk of sexual victimization.

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.

The department has established procedures allowing for multiple internal ways for inmates to report privately to department officials about sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 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 is required to document verbal reports on incident reports. Staff must immediately report any allegation to their supervisor or anyone in the chain of command. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard. TIPS posters are located throughout the facility in all common areas inmates have access.

FDC Procedure 602.053 Page 9-10
Inmate Handbook Page 16

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". Departmental policy and procedure allows 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. There were seventeen grievances involving PREA related issues filed during the previous year.

FDC Procedure 602.053
FAC 33-103.005 Section 1
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 Department is working with local vendors to provide access to outside confidential support services. 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.

The Department has third party reporting of sexual abuse or sexual harassment through the citizens complaint form and the third party grievance form. Inmates and staff acknowledged both during interviews. Inmates can report third party via the TIPS line, which is the reporting line that is directly connected to the OIG's office. The third party grievance form is available on line at www.dc.state.fl.us/oth/inmates/prea-grievances.html. The citizens complaint form is located at <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 immediately report 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. The Department policy requires all staff to report immediately and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Compliance with all aspects of the standard was verified through a review of the policy and staff / inmate interviews.

FS 944.35 Page 2 Section 2D Section 4A-4C
FDC Procedure 602.053 Page 7
Staff Training Curriculum PREA Pages. 3-4 Section 18, Section 19

Standard 115.62 Agency protection duties

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

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

Each staff member interviewed, from the Warden to the line staff person, indicated that when he or she learns that an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate. It starts with removing the inmate from potential danger, notifying their supervisor and preserving any evidence. Each housing unit had a poster in the officer station outlining the responsibilities of the first responders. In the previous twelve months the facility determined that 32 inmates was subject to a substantial risk of imminent sexual abuse and immediately moved to protect the inmate.

FAC 33-602.220 Page 1 Section 2A-2B; Page 2 Section 3C; Page 3 Section 3F-3G; Page 4 Section 4D
FDC Procedure 602.053 Page 7/Section B5; Page 9 Section 3C; Page 9-10 Section 4A, Section 4A2

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 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. There was one allegations of incidents at other institutions reported during the intake process to staff. There were no reports of victimization reported during the intake process occurring at other institutions.

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.

Procedure clearly specifies procedures to respond to an allegation of sexual abuse for both security and non-security staff. All staff are trained as first responders. The interviews conducted on all shifts with security and non-security 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 fifteen allegations of sexually abuse. In each case the staff member receiving the allegation separated the alleged victim and abuser. In the past twelve months, there were two allegations where staff was notified within a time period that still allowed for the collection of physical evidence. There were two times the first security staff member to respond to the report and preserved and protected any crime scene until appropriate steps could be taken to collect any evidence; requested that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. There were no allegations reported to non security staff during the previous twelve months.

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.

Century Correctional Facility has an institutional plan, which outlines what is to take place in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, 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 October 15, 2015 covers the discipline of staff on Page 13 article 7. The contract was reviewed and the agreement or any future agreements allow for staff to be disciplined and/or terminated based on an investigative finding of sustained or exceptionally cleared by the OIG. Nothing in the agreement prohibits staff from being placed on no contact based on a PREA allegation.

Collective Bargaining Agreement Pg. 14/Art. 7, Sec. 1A; Pg. 17/Art. 7, Sec. 2G
FS 110.227 Pg. 1/Sec. 1; Pg. 2-3/Sec. 5B

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. There were seventeen inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of assessment. There were seventeen inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past twelve months for longer than 30 days while awaiting alternative placement. From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past twelve months, many of the case files did not include the reason or reasons why alternative means of separation could not be arranged. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter. Facility has not provided programs, visits, phone calls, outdoor exercise or work opportunities to inmates in involuntary segregation status.

Corrected 02/03/2016. Facility utilizes the Department's victim housing preference form. Inmate victims can indicate their housing preference and ICT determines the final housing assignment. If ICT determines that the inmate should remain in confinement the inmate will receive programming, phone calls, etc...

FAC 33-602.220

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 conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, 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 Inspector conducts all investigations immediately on being notified of the allegation. According to her interview the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. The inspector's training records and interview demonstrated the special training they received from the Moss Group and the department trainers. Investigators 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 he 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 five completed investigative files at Century CI. 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. The inmate signed the receipt in the file confirming they were given notification. If there were 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.

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 were no allegations of sexual abuse made against staff that were sustained.

Florida Statute 944.35 Page 2 Section 2B1-2B3 Section 3D, Section 4A-4B
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 also 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 Century CI.

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.

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

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

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 Century CI that makes any reference to victimization and/or perpetrated sexual abuse is seen by medical/mental health usually right after intake interview or the next day. There were 8 inmates that reported prior victimization during the intake process. In the past twelve months, there were no inmates who have previously perpetrated sexual abuse, as indicated during the screening, who 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

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 Services provides this service. Medical and mental health staff maintains nursing notes and logs documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. There is no cost for forensic exams or treatment to the inmate. There was one inmate seen by the SART team.

FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response Pages 12-13 Section 6C-6F
Health Services Bulletin 15.03.36
Procedure 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. Century Correctional Institution through Corizion offers mental health services to all known inmate abusers, if appropriate. Century CI offers mental health service to all know inmate victims as well. Treatment services are provided without financial cost. This practice was confirmed by interviews with Medical and Mental Health staff.

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 be completed within 30 days of the conclusion of every investigation except were the allegation was unfounded. This was confirmed in interviews with the Warden, PREA Compliance Manager and Classification Supervisor. 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 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, investigators, and medical or mental health practitioners. There were no reviews completed during the previous twelve months. All closed cases were unfounded. There was one table top exercise to familiarize staff with incident review process.

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.

The Department of Corrections provided documents demonstrating data was being collected, aggregated and maintained. The department maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data is collected from a number of sources, but the main source is the Management Information Notification System (MINS). The MINS system 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. The PREA Coordinator has access to information in MINS and gets other information upon requests to OIG. The information is aggregated for all to be placed in Annual Report. The report was completed and provided to DOJ September 2015.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7 2014 Corrective Action Plan for the facility.

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 PREA Coordinator reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. The Institution PREA Compliance Manager ensures the data collected on sexual abuse and sexual harassment 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.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7 2014 Corrective Action Plan for the facility.

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

July 11, 2016

Auditor Signature

Date