

ADULT PRISONS & JAILS

NATIONAL  
**PREA**  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Auditor Information</b>			
<b>Auditor name:</b> Hubert L " Buddy" Kent			
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<b>Telephone number:</b> 850-509-1662			
<b>Date of facility visit:</b> April 6-8, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Lowell Correctional Institution			
<b>Facility physical address:</b> 11120 Northwest Road, Ocala, Florida 34482			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b>			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Angela Gordon			
<b>Number of staff assigned to the facility in the last 12 months:</b> 706			
<b>Designed facility capacity:</b> Main Unit 838 Annex 1,306 Work Camp 290			
<b>Current population of facility:</b> Main Unit 799 Annex 1,312 Work Camp 319			
<b>Facility security levels/inmate custody levels:</b> Close, Medium, Minimum, Community			
<b>Age range of the population:</b> 16-83 years of age			
<b>Name of PREA Compliance Manager:</b> Darlene Lumpkin		<b>Title:</b>	Assistant Warden
<b>Email address:</b> lumpkin.darlene@mail.dc.fl.us		<b>Telephone number:</b>	352-690-8720
<b>Agency Information</b>			
<b>Name of agency:</b> Florida Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Florida			
<b>Physical address:</b> 501 South Calhoun Street, Tallahassee, Florida 32999			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 850-488-5021			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Julie Jones		<b>Title:</b>	Secretary
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Kendra Prisk		<b>Title:</b>	PREA Coordinator
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## AUDIT FINDINGS

### NARRATIVE

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

Angela Gordon, Warden  
Darlene Lumpkin, Assistant Warden of Programs  
Edith Pride, Colonel  
Gary Patterson, Major  
Felicia Rossin, Major  
Keith Reedy, Administrative Lieutenant  
Alana Sumner, Administrative Lieutenant  
J. Roberts, Administrative Lieutenant  
E. Biascochea, Administrative Lieutenant  
Dorothea Holder, Classification Supervisor  
Dr. Harris, Senior Psychologist  
Sonia Blunt, PREA Officer  
H. Wilkes, DON Main Unit  
M. Souza-Campos, HSA  
B. Holley, DON Annex

Following the entrance meeting with staff, the Warden led a tour of the institution from 1:00 pm to 4:00 pm April 5, 2016. The auditor went back to certain areas in the institution on April 6-7, 2016. While touring several inmates and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and inmates informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. During the tour the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; tested the inmate phone system for reporting allegations and institution operations. Following the tour, the auditor began the formal interviews, review of investigations, checking of cameras, and random checks of inmate records, medical, and training records. The Work Camp was toured from 4:00 pm to 5:30 pm on April 5, 2016. Lowell Annex was toured on April 6, 2016 from 8:30 am to 11:00 am. There are a total of 74 buildings on the grounds with 27 utilized as inmate housing. The design capacity for the Main unit is 838. The lawful capacity is 1160. The population at the time of the audit for the Main Unit was 799. The average daily population for the Main unit for the previous twelve months was 1034. The age range of the inmates assigned to the Main Unit is from 16 to 91 years of age. The average age of the inmate assigned to the facility is 39 years of age. The average length of stay is two year three months for the Main Unit. The average length of stay for the Annex is three years five months. The average length of stay for the Work Camp is one year six months. There are 183 inmates that were assigned to the facility prior to August 20, 2012. The areas toured at the Main Unit were a total of one multi occupancy cell housing unit, ten open bay dormitory housing units and various departments within the secured perimeter. All segregation cells are located at the Annex. Segregation cells are double cell for a total bed capacity of 358. The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending investigation.

The design capacity for the Annex is 1306. The lawful capacity is 1500. The average daily population for the Annex for the previous twelve months was 1388. The population at the Annex at the time of the audit was 1312. The design capacity for Work Camp is 290. The lawful capacity is 394. The population at the time of the audit was 319. The average daily population is 329. The areas toured at the Annex were a total six open bay dormitory housing units, two cell housing units and various departments within the secured perimeter. The various departments toured were Classification, Medical, Mental Health, Food Service, and Security. The areas toured at Work Camp were all inmate living areas, Classification, Food Service, Medical, and security areas.

All inmates are received at the Annex. The Annex transfers to Main Unit and Work Camp. There have been 4147 inmates assigned to Lowell Correctional Institution during the previous twelve months for 72 hours or more. The custody level of the inmate population is close to community. There is 706 staff assigned. There has been 153 staff hired during the past twelve months.

Prior to arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. A list of all inmates currently housed at the facility that have had a PREA case was also requested. From these listings, one inmate from each housing unit, four segregated inmates, two who reported sexual abuse or harassment, two listed as non-heterosexual, a intersex inmate and two inmates with limited English speaking proficiency (LEP). The LEP inmates were interviewed utilizing the Language Line. There were two youthful inmates interviewed. There were 177 self reported gay/lesbian/bisexual inmate's, one inter-sex inmate and no trans-gender inmates assigned to the Main Unit. There are 393 self reported gay/lesbian/bisexual inmates assigned to the Annex. There were 69 self-reported gay/lesbian/bisexual inmates assigned to Work Camp. A total of 52 inmate interviews were conducted. 25 random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included 23 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, Volunteer and Youthful Inmate Staff. During the tour the auditor randomly spoke with 27 staff and 73 inmates. There are 646 volunteers and 129 contractors approved to entry the facility on a daily basis.

There were 158 allegations of a sexual abuse and sexual harassment received at Lowell Correctional Institution during the audit cycle. All had administrative investigations; one was conducted by Office of Inspector General as criminal investigation. There were 151 allegations referred for administrative investigation. There were 24 completed during the audit cycle. There were 22 allegations of inmates on inmates

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Lowell Correctional Institution (LCI), Ocala, Florida is located in Marion County approximately 27 miles Southeast of Gainesville, Florida. The physical address is 11120 NW Gainesville Road, Ocala, Florida. The Lowell Correctional Institution is eleven miles north of Ocala, Florida. The mission of Lowell Correctional Institution within the Florida Department of Corrections is "to protect the citizens of Florida and Marion County through prudent classification, strong security practices, and supervision of inmates at a level of security commensurate with the danger they represent; to provide a safe and humane environment for all employees, volunteers and inmates through a management philosophy based on fairness and consistency; and to assist inmates in obtaining the skills and abilities necessary for successful transition back into society." The Lowell Correctional Institution is the State of Florida oldest prison for female inmates opened in April of 1956. The Lowell Correctional Institution was opened originally as a reception unit for female inmates. In 1998 it was combined with Marion Correctional Institution and was called the Lowell Correctional Institution/Woman's Unit. The name was again changed in 2000 to the Lowell Correctional Institution. The Lowell Correctional Institution Annex and Lowell Correctional Institution Work Camp are designated as satellite units. Lowell Correctional Institution houses female youthful inmates as well as pregnant female inmates. Lowell Correctional Institution houses all custody levels from community to close custody. The Florida Department of Corrections female inmates on death row are also housed at this facility. The Florida Department of Corrections facility security levels are ranked Community (lowest) to Close/Maximum/Death Row (highest). The Lowell Correctional Institution Main Compound is a Level four, Lowell Correctional Institution Annex is Level five and the Lowell Correctional Institution Work Camp houses medium, minimum and community security level inmates. The inmates provide the basic offender labor to the institution such as food service, laundry, legal clerks, janitorial, support orderlies, maintenance, and education programs. The Work Camp provides Prisoner Public Work Programs (PPWP) work crews in the surrounding areas and communities.

The physical plant consists of 74 buildings of which 27 are inmate housing units. The Lowell Correctional Institution sits on 314.394 acres of land. The LCI Main Unit has 35 acres inside the secured perimeter. The LCI Annex has 23 acres inside the secured perimeter. The LCI Work Camp has fourteen acres inside the secured perimeter. The Lowell Correctional Institution Main Unit has fourteen housing units, twelve are Open Bay Housing Units and there are two Room Housing Units. The Lowell Correctional Institution Annex has eight dorms and five of these are Open Bay Dorms. There are three, two person cell units and one of which has six Death Row single cells. The Lowell Correctional Institution Work Camp has two Open Bay Dorms and three units utilizing rooms for inmate housing. The offender housing units are designated alphabetically starting with A Dorm. Some of the older dorms on the LCI Main Unit have been closed. The LCI Annex "S Dorm" Cell House contains four quads two of which houses general population and two quads houses Segregation inmates. The Annex "T Dorm" Cell House contains four quads and houses Close Management, Segregation and Death Row inmates.

Institutional medical services provided are infirmary, ambulatory, dental and mental health services. Clinical Services is staffed 24/7 with a combination of licensed and registered nurses. Adult Basic Education (ABE), General Education Development (GED) Special Education Services (SES) Title I Services and Volunteer Literacy education programs are provided by the Lowell Correctional Institution. The Institution offers five vocational programs: Cosmetology, Culinary Arts, Drafting Architectural, Technology Support Services and Equine Care Technology. The P.R.I.D.E (Florida Correctional Industries Program) has a Garment Factory at this location that employ up to 59 inmates. This factory makes offender clothing. The inmates that work in P.R.I.D.E. Industries can earn a pay rate of \$0.20 up to \$0.55 an hour. The P.R.I.D.E program has a Prison Industry Professional Development 50 credit career readiness class. The inmates that work in the P.R.I.D.E. Prison Industries can also earn a Certificate of Achievement Award from Clemson University Job Training Certificate Program. These are the highest paid jobs and there is bonus pay available for exceeding set goals. This is considered a desired work location by inmates.

In 1973 Florida Department of Correctional Institutions obtained the Forest Hill School for Girls from the Department of Health and Rehabilitative Services, which is located on the same property. This unit was utilized as a minimum custody open style compound facility housing approximately 394 female inmates. The Forest Hill Unit was closed in 1997 for renovation. Forest Hills was re-opened in 2008 as Lowell Work Camp. The LCI Work Camp has two contract public work crews for the City of Ocala, one Contract Sanitation squad for Marion County, two Sanitation work squads for Levy County, one work squad for the Florida Forestry Service and two public work squads. LCI Work Camp provides three outside grounds squad, one sanitation squad and a paint squad as institution support. Equine Care Technology program was started fifteen years ago. This is the only female offender horse program in the State of Florida. Inmates can earn college credits when they complete the program. The program currently has 47 retired or injured race horses that are cared for by offender at this location. There are fifteen inmates assigned to the program. The majority of the inmates assigned to the LCI Work Camp work in public work crews in the community.

## SUMMARY OF AUDIT FINDINGS

115.12 not applicable facility does not have oversight of contract facilities.

Not Met

115.13 Lack of adequate staffing. Lowell Correctional Institution normally operates at Level I, which is the critical level typically with one officer and one sergeant in each dorm. However, at this staffing level one staff member from each dorm is frequently required to perform numerous secondary duties such as coverage for the recreational yard, dining hall and/or canteen. This facility is required to maintain a 4% vacancy rate. When this fact is combined with an inadequate staff relief factor to address such staff absences as those due to workers compensation, extended sick leave and/or family medical leave, the critical staffing level I becomes the norm as opposed to the infrequent bare minimum exception.

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 2

Number of standards not applicable: 1

**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.**

Policy and Procedure 602.053 mandates zero tolerance toward all forms of sexual abuse and sexual harassment in facilities they operate. 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 Compliance 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. The institutional PREA Compliance Manager is the Assistant Warden for Programs. She reports to the Warden. The institutional PREA Compliance 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 facilities.

### Standard 115.13 Supervision and monitoring

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

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

The facility operates at Level I staffing levels. Procedure 602.030 states Level II posts are essential to the daily normal operation of a facility. Operating at Level II allows all activities and programs to be marginally staffed. Level I posts are critical for the daily operation of a shift. The post chart shows one sergeant and one officer per housing unit. 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. TEA positions are not allowed to directly supervise inmates per policy. TEA's were observed directly supervising inmates as the only officer on the dormitory.

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

### 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.**

In the past twelve months, there have been three youthful inmates housed at Lowell. The day of the audit there were two youthful inmates assigned. The facility houses youthful inmates in an area that provide sight and sound separation between youthful and adult offenders in day rooms, common areas, showers, and sleeping quarters. Youthful inmates are not housed in the same unit as adults. Any movement of youthful inmates is under the direct supervision of correctional staff assigned to the youthful inmate housing unit. In the past twelve months, no youthful inmates have been placed in isolation in order to separate them from adult inmates. Youthful inmates have access to outdoor recreation daily. All were enrolled in education classes.

### Standard 115.15 Limits to cross-gender viewing and searches

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

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

Policy prohibits visual body searches and body cavity searches by the opposite sex. A review of search logs confirmed no cross gender visual body searches or body cavity searches were performed. Departmental policy prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. This was confirmed during the interviews with staff and inmates.

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

100% of security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Newly assigned staff completes in-service training prior to post assignment.

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 a limited English proficient inmate utilizing the Language Line. She indicated that staff had provided her 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 are not 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. There were 153 background checks completed on new employee's during the past twelve months. A total of 275 background checks completed during the previous twelve months.

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.**

Lowell Main unit has added 142 cameras in the housing units and entrance/exit points. Lowell Annex has added 50 cameras to the open bay dormitories. Lowell Work Camp has added 50 cameras to the housing units.



### 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. The Department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Procedure is outlined in PPD 108.015. Inspectors were trained by the Moss Group to conduct sexual assault investigations. The Office of the Inspector General conducts the sexual assault investigations determined to be criminal investigations. Department of Corrections has a current agreement with Panhandle SART to conduct forensic evaluations. Investigative Officers confirmed 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. There were no forensic medical exams conducted during the past twelve months. Effective May 1, 2016 Centurion Medical is the contracting agency for medical.

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. 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 is completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015. During the past twelve months, the 158 allegations of sexual abuse and sexual harassment were received. During the past twelve months, the number of allegations resulting in an administrative investigation is 157. During the past twelve months the number of allegations resulting in criminal investigations is one. All cases were not closed during the past twelve months. There were a total of 21 cases closed.

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.**

The facility trains all employees who may have contact with inmates on the following matters; Agency's zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; The right of inmates to be free from sexual abuse and sexual harassment; The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse. Each employee, regardless of his or her position, is trained as a first responder.

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 Lowell CI is trained. In the past twelve months, 706 of 706 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 twelve months, there have been 646 volunteers and contractors who have been trained in the agency's policies. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received. The facility maintains documentation of volunteer training in the chaplain's office. Medical maintains their training files in the medical department. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault.

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)

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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 agencies 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. Additionally, Lowell Correctional Institution conducted inmate PREA training in a town hall type meetings ensuring all inmates have receive PREA training. 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 twelve months 4117 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 receive specialized training in addition to the general education provided to all employees. The Inspector completed the MOSS Group training. The MOSS Group special training curriculum for Inspectors was reviewed and found to cover all requirements. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The interview of the Inspector demonstrated he understood how to conduct a sexual abuse investigation in a confinement setting and what his role was. The agency maintains documentation that the Inspector has received both the general and investigative PREA training. Interviews with the Inspector verified his knowledge of conducting investigations.

115.34 Procedure 108.015 Page 10 & 11

### Standard 115.35 Specialized training: Medical and mental health care

- 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 Lowell Correctional Institution 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 Lowell and have received training by the agency policy are 113 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 includes 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 4147 inmates entering the facility whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. There are 177(main unit) and 393 (annex) LGBT self reporting inmates assigned to the facility. The Departmental policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) Whether the inmate has a mental, physical, or developmental disability, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability are included in the screening. Inmates who are victimized or abuse are reassessed for risk of sexual victimization or risk of sexually abusing

### 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 transgender and/or intersex inmates is done only after a Medical Review Committee has reviewed the case. Transgender/Intersex inmates receive a face-to-face review within fourteen days of arrival, biannually and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned. Additionally, inmates who are identified as at high risk for perpetration or victimization are monitored through the IBAS system, to ensure inmates are not assigned to work, housing or education assignments in a manner that might increase their propensity for abuse. There are no transgender and one intersex inmate assigned to Lowell CI. Staff interviewed acknowledged transgender/intersex inmates would be given an opportunity to shower separately. The inmate was interviewed and acknowledged she was 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.**

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

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 hotline. 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 auditor tested the numbers, some were initially blocked, but this was corrected during the audit. 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 verbal allegations are promptly documented by incident report. Policy and staff training provide 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 hotline. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard. The Department of Corrections 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 have been 23 grievances involving PREA related issues filed during the previous twelve months.

FDC Procedure 602.053  
FAC 33-103.006 Page 2 Section 1C, 1E, Page 3 Section 1H, Section 1L

### Standard 115.53 Inmate access to outside confidential support services

- 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 through the Ocala Domestic Violence/Sexual Assault Center. Inmates are provided a mailing addresses and hotline telephone number. Reasonable communication is provided 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.

### 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. Third party reporting is available via the Citizen's Complaint Form or the Third Party Grievance Form. Inmates can report third party via the TIPS telephone line that is directly routed to the OIG. The third party grievance form is available on line at How do I File a Grievance alleging sexual abuse [www.dc.state.fl.us/oth/inmates/prea-grievances.html](http://www.dc.state.fl.us/oth/inmates/prea-grievances.html). Citizens may complete report by accessing the How to file a complaint <http://www.dc.state.fl.us/apps/igcomplaint.asp>

FDC 602.053 Prison Rape: Prevention, Detection, and Response  
FAC 33-103.006 Formal Grievance - Institution or Facility Level 1 (c,d,e)

### 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 to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners are knowledgeable of the requirement to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services.

FS 944.35 Page 2 Section 2D Section 4A-4C  
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.**

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. In the past twelve months, 158 times the inmate was removed from population so the facility could determine whether the inmate was subject to substantial risk of imminent sexual abuse. The facility made the determination less than one hour of learning of the threat.

FAC 602.220 Administrative Confinement  
FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 1-3



### 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 is made 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, Assistant Warden and PREA Compliance Manager demonstrated they knew the procedures to follow. There was one alleged incident at other institutions reported during the intake process to staff. Documentation was provided that indicated the Warden notified the previous facility Warden.

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. Random interviews with staff confirm both security and non-security staff knew what to do upon learning an inmate was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence. 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 48 allegations of sexually abuse. In each case the staff member receiving the allegation separated the alleged victim and abuser. Most cases were not in a time period that allowed for collection of physical evidence. There was one incident within time frames to protect and preserve evidence.

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

FDC Procedure 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

### 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.**

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

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

- 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 116 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 111 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, there were two case files that include a statement of the basis for facility's concern for the inmate's safety, and the reason or reasons why alternative means of separation could not be arranged. The facility did not provide reason or reasons why alternative means of separation could not be arranged for the remaining cases. 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.

### 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 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 Pg 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 completed investigative files at Lowell 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. 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 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 were two allegations of sexual abuse made against staff. One was unfounded and the second was unsubstantiated.

Florida Statute 944.35 Page 2 Section 2B1-2B3 S Ection 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 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 Lowell 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 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 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 past twelve months there were 100 inmates that reported prior victimization during the intake process who were referred to mental health for a follow up. In the previous twelve months, there were sixteen 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 FDC 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. Lowell Correctional institution through Corizon 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 consistent with the community level of care. Medical and mental health conducts follow-up care for sexual abuse incidents. There were 100 inmates 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. This was confirmed in interviews with the Colonel, Warden and PREA Compliance Manager. The Assistant Warden of Programs/PREA Compliance Manager is to document the review in a report, including recommendations for improvements, if any to the Warden. The 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.

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 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  
2015 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 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 /s/

November 4, 2016

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date