

ADULT PRISONS & JAILS



<b>Auditor Information</b>			
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<b>Telephone number:</b> 850-509-1662			
<b>Date of facility visit:</b> March 15-17, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Liberty Correctional Institution			
<b>Facility physical address:</b> 1106 NW Dempsey Barron Road, Bristol, FL 32321			
<b>Facility mailing address:</b> <i>(if different from above)</i> Same as Above			
<b>Facility telephone number:</b> (850)643-9400			
<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> Richard Johnson			
<b>Number of staff assigned to the facility in the last 12 months:</b>			
<b>Designed facility capacity:</b> Main Unit 912 South Unit 294 Quincy Annex 204			
<b>Current population of facility:</b> Main Unit 1304 South Unit 413 Quincy Annex 402			
<b>Facility security levels/inmate custody levels:</b> Close, Medium, Minimum, Community			
<b>Age range of the population:</b> 19-80 years of age			
<b>Name of PREA Compliance Manager:</b> Jeremy Edwards		<b>Title:</b>	Assistant Warden
<b>Email address:</b> Edwards.Jeremy@mail.dc.dstate.fl.us		<b>Telephone number:</b>	(850)643-9589
<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 Liberty Correctional Institution in the PREA process. The following persons were in attendance:

Richard Johnson, Warden  
Jeremy Edwards, Assistant Warden of Programs  
Halbert Andrews, Assistant Warden of Operations  
Amber Vargas, Classification Supervisor, Main Unit  
Adam Kent, Classification Supervisor, Quincy Annex  
Rose McCorvey, HSA/Director of Nursing  
Trampus Gray, Colonel  
Ross Downes, Major, South Unit  
Robert Faurot, PRIDE Supervisor  
Joshua Gingerich, EHSO  
Tim McCroskey, Maintenance  
Darrell Britt, Senior Chaplain  
Eva Perkins, Classification Officer/PREA Auxiliary Staff  
Robert Bulzer, Senior Classification Officer/PREA Auxiliary Staff

Following the entrance meeting with staff, the Warden led a tour of the institution from 9:00 am to 12:00 noon on March 15, 2016. The auditor went back to certain areas in the institution on March 16-17, 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 South Unit was toured from 5:00pm to 7:00 pm on March 5, 2016. Quincy Annex was toured on March 16, 2016. There are a total of 40 buildings on the Main Unit grounds and a total of thirteen buildings at the South Unit. The design capacity for the Main Unit is 912. The lawful capacity is 1273. The population at the time of the audit for the Main Unit was 1317. The average daily population for the Main unit for the previous twelve months was 1258. The age range of the inmates assigned to the Main Unit is from 19 to 80 years of age. The average age of the inmate assigned to the facility is 39 years and four months of age. The average length of stay is one year three months for the facility. 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 two multi occupancy cell housing unit, six open bay dormitory housing units and various departments within the secured perimeter. The T cell unit (I-Dorm) houses two wings of 86 beds for segregation inmates. One cell unit is located directly behind medical/classification building and is utilized for segregation. This is Y dorm and houses 90 inmates. Segregation cells are double cell for a total bed capacity of 262 inmates. 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 South Unit is 294. The lawful capacity is 432. The average daily population for the South Unit for the previous twelve months was 374. The population at the South Unit at the time of the audit was 412. The design capacity for Quincy Annex is 284. The lawful capacity is 408. The population at the time of the audit was 395. The areas toured at the South Unit were a total three open bay dormitory housing units and various departments within the secured perimeter. The various departments toured were Classification, Food Service, and Security. The areas toured at Quincy Annex were all inmate living areas, Classification, Food Service, Medical, Mental Health and security areas.

All inmates are received at the Main Unit. The Main Unit transfers inmates to the satellite facilities. There have been 3701 inmates assigned to Liberty 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 392 staff assigned. There has been 122 staff hired during the past twelve months.

Upon arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. A list of all inmates currently housed at the facility that have had a PREA case was also requested. From these listings, one inmate from each housing unit, two segregated inmates, two who reported sexual abuse or harassment, two listed as non-heterosexual, and two inmate with limited English speaking proficiency (LEP) were interviewed. The LEP inmates were interviewed via Language Line. There are no youthful inmates assigned to the facilities. There were 29 self reported gay/bisexual inmates and no transgender or intersex inmates assigned to the Main Unit. There are three self reported gay/bisexual inmates assigned to the South Unit. There were no self reported gay/bisexual inmates assigned to Quincy Annex. A total of 37 inmate interviews were conducted. Fourteen random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The specialized staff interviews included eighteen interviews for staff designated as: Intermediate/Higher-Level, Medical, Mental-Health, Contractor, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, Intake Staff and a Volunteer. During the tour the auditor randomly spoke with fourteen staff and 53 inmates. There are 130 volunteers and contractors approved to entry the facility on a daily basis.

The Office of Inspector General ensures that an administrative and/or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in Florida Department of Corrections Procedure 108.015. During the past twelve months there have been a total of 37 cases at the Main Unit and South Unit. Of the 37 cases, ten were determined not to be PREA allegations. Of the 27 that were PREA allegations, eight are still open. The nineteen closed cases were concluded as fourteen being unfounded and five

## DESCRIPTION OF FACILITY CHARACTERISTICS

Liberty Correctional Institution construction started in October 1988 on 271 acres donated by Saint Joseph Timberland Company. The main compound consists of 40 acres surrounded by two twelve-foot chain-link fences, each topped with razor ribbon. The outer fence is further protected with ten rolls of razor ribbon that are located in the "run" in between the inner and outer fences. The entire perimeter fence is protected utilizing two electronic monitoring systems, a microphonic system and a microwave system that are monitored and controlled by the master control room. The outer fence line is surrounded by a perimeter road, which is patrolled by armed security staff. There are three elevated observation towers strategically located within the secure confines of the perimeter fence. Two of these towers is manned 24 hours a day and is armed with a 12-gauge shotgun and an AR-15 rifle.

The main compound is divided into three sections. The east section consists of the recreation facility, which has one concrete block building utilized for wellness education. The center section has eleven buildings, eight of these are concrete block open bay housing units utilized as living quarters for inmates. One pre-cast concrete T-building is used as two man secure cell housing and disciplinary confinement. One concrete block building is used as two inmate canteens and one inmate barbershop. One concrete block building is utilized as a Captain's Office, two inmate canteens, and one staff canteen. The west section has eight buildings, all concrete block except for Pride, which is metal and the Chapel, which is brick. The concrete block buildings are utilized for Food Service, Health Services and Classification, Administrative Confinement, Education, Vocational Education and Security/Control Building.

Liberty South Unit was opened in 2013 is adjacent to the main compound and consists of approximately ten acres surrounded by two chain-link fences. The outer fence is twelve-feet high and the inner fence is eight feet high, each topped with razor ribbon. The inner and outer perimeter fence has a roll of razor ribbon at the base as well as at the top of each fence. The entire perimeter fence is protected utilizing a microphonic monitoring system and a microwave monitoring system at the sally port gate. These systems are monitored and controlled by the master control room. A perimeter road encircles the work camp, which is patrolled by armed security staff 24 hours a day.

The South Unit is divided into two sections. The east section is composed of three concrete block open bay housing units, concrete structure pavilion, concrete structure recreation building and the concrete gate house. The west section consists of Security/Control Room building, Multi-purpose building, a concrete block Food Service building.

Quincy Annex was originally established as Quincy Vocational Center in 1972 in order to teach culinary skills to inmates. In 1990, the Quincy Vocational Center was converted to Quincy Vocational/Work Camp and started providing public work squads to assist local counties with inmate labor. In July 1995, the Quincy Work Camp was designated as Quincy Correctional Institution and housed 408 adult male inmates. In November 2000, Quincy Correctional Institution became Quincy Annex and placed under the supervision of Liberty Correctional Institution. The Annex can lawfully house 408 adult male inmates. There are seven building located within the secure compound. They include three open bay housing units, a multi-purpose building, Chapel, Property with attached Inmate Canteen/Barbershop and Wellness building.

Quincy Annex is built on a 24-acre site in Gadsden County just south of Quincy, Florida on State Road 67 (Pat Thomas Parkway). Two twelve-foot high perimeter fences surround the compound. The inner fence is supplemented with two rolls of razor ribbon and a "Stellar Alert" system. The outer fence is supplemented with eight rolls of razor ribbon. The perimeter is under 24 hour surveillance, by two roving vehicular patrols. Traffic is controlled at the North Gate, which is the only designated point of entry for vehicular traffic, Inmates on outside work squads are checked out and in through the North Gate in order to control inmate movement and contraband. The compound is illuminated at night by high mast lighting.

### Main Unit Inmate Housing:

There are seven open bay dormitories and one T building used for inmate housing on the main compound.

- "A" Dormitory is open bay with 71 beds on A-1 wing and 71 beds on A-2 wing
- "B" Dormitory is open bay with 71 beds on B-1 wing and 71 beds on B-2 wing
- "C" Dormitory is open bay with 72 beds on C-1 wing and 72 beds on B-2 wing
- "D" Dormitory is open bay with 71 beds on D-1 wing and 71 beds on D-2 wing
- "E" Dormitory is open bay with 71 beds on E-1 wing and 71 beds on E-2 wing
- "F" Dormitory is open bay with 71 beds on F-1 wing and 71 beds on F-2 wing
- "G" Dormitory is open bay with 72 beds on G-1 wing and 72 beds on G-2 wing
- "H" Dormitory is open bay with 72 beds on H-1 wing and 72 beds on H-2 wing
- "I" Dormitory is comprised of one and two-man cells and has two tiers

There are 22 cells on the upper tier and 22 cells on the lower tier. I-1 and I-3 each house 85 inmates. I-2 use as disciplinary confinement has 43 two-man cells and three one man cells for a total of 89 inmates.

### Liberty South Unit Housing

There are three open bay dormitories at the South Unit.

- "N" Dormitory has 72 beds on N-1 side and 72 beds on N-2 side.
- "O" Dormitory has 72 beds on O-1 side and 72 beds on O-2 side.
- "P" Dormitory has 72 beds on P-1 side and 72 beds on P-2 side.

### Quincy Annex Housing

## SUMMARY OF AUDIT FINDINGS

### N/C's

115.13 - Staffing levels were not adequate during the audit period.

115.15 - Urinals at the work camp are in clear view of the officer station. Female staff are routinely assigned to this area. Corrected partitions are in place to limit cross gender viewing.

115.53 - No outside victim advocacy available at the time of the audit.

115.68 - Inmates are involuntarily segregated without proper justification and access to appropriate programs, activities etc. Corrected Justification is provided to justify the placement of the inmate in involuntarily segregation.

### N/A's

115.12 - Facility does not contract to house inmates.

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

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 2

Number of standards not applicable: 2

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

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

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

The 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 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. He reports to the Warden.

**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.**

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.**

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.**

Liberty CI is an adult male facility. Policy states shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances; and shall document all cross-gender strip searches and cross-gender visual body cavity searches. Based on documents reviewed and interviews of staff and inmates, Liberty Correctional Institution has not conducted cross-gender strip searches or cross-gender visual body cavity searches in the last twelve months.

Departmental Policy, states institutions shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status; and if the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Staff is trained how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Through interviews of staff and inmates it was determined staff do not search or physically examine a transgender or intersex inmates for the sole purpose of determining the inmate's genital status, and only medical staff if needed would make that determination. Review of training records, lesson plans, and interviews of staff demonstrated staff had been trained to conduct how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

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

### 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 ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The auditor interviewed 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. Inmate translators were not utilized during this audit period.

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 contractor re-checks are completed annually and are up to date. 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.**

Liberty Correctional Institution has cameras strategically placed at Liberty Main Unit, Liberty South Unit and Quincy Annex throughout the general population, confinement, food service, and control room areas. The camera's were placed after August 20, 2012.

### 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)

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Department of Corrections has current agreement with the SART team to conduct evaluations. Investigative Officers confirm the Chain of Evidence Protocol during the interview process. Policy is no co pay for any PREA incident or follow-up. Mental Health services are provided by Corizon staff. Corizon staff provides follow up counseling. Currently there is not an outside agreement to provide crisis counseling and victim advocacy services.

The Inspector General's Office is responsible for all investigations of sexual abuse or sexual harassment. Inspectors were trained by the Moss Group to conduct sexual assault investigations. The Office of Inspector General conducts the sexual assault investigations determined to be criminal investigations.

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.**

All allegations of sexual abuse or sexual harassment are referred for investigation to the Inspector General's Office to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. 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 OIG ensures that an administrative and/or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in policy Florida Department of Corrections Procedure 108.015. During the past twelve months there have been a total of 37 cases at the Main Unit and South Unit. Of the 37 cases, ten were determined not to be PREA allegations. Of the 27 that were PREA allegations, eight are still open. The nineteen closed cases were completed as fourteen being unfounded and five being not sustained. A breakdown of the investigations are seven Staff Sexual Misconduct, with three unfounded and four open; seven Inmate on Inmate Sexual Abuse cases, with six unfounded and one case open; ten Inmate on Inmate Sexual Harassment cases, with four unfounded, five not sustained and one open; and two Staff Sexual Harassment cases, one unfounded and one open.

Procedure 108.015 Page 7-8 Inspector Responsibilities

### Standard 115.31 Employee training

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

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The Department trains all employees that have contact with inmates on: Its 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; Inmates' rights 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 to outside authorities. 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 Liberty Correctional Institution is trained. In the past twelve months, 392 of 392 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive.

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

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All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the Department's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. All volunteers and contractors who have contact with inmates are notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Volunteers are trained via the read and sign documents. Contractors receive the same annual training as FDC staff in annual in-service training. In the past twelve months, there have been 130 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 report 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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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. The facility provides the day of arrival or no later than the next business day comprehensive education to inmates both in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the last twelve months 3701 inmates were given this information at intake. Departmental policy also requires that inmates that were transferred to Liberty 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. The signed attendance document is maintained in the inmate master file. The 3701 reported as intakes includes any transfer between the South Unit, Quincy Annex and the Main Unit.

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.**

All full-time and part-time medical and mental health care practitioners who work regularly at have been trained in: 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 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 27 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 3701 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 32 LGBTI self reported inmates assigned to the facility. The Departmental policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) the screening questions. The screening considers 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/intersex inmates assigned to Liberty CI. Staff interviewed acknowledged transgender/intersex inmates would be given an opportunity to shower separately.

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

### Standard 115.43 Protective custody

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

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

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.**

The Department has established procedures allowing for multiple internal ways for inmates to report privately to Departmental officials about sexual abuse, sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and/or 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.

FDC Procedure 602.053 Page 9-10  
FAC Ch. 33-103.006 Formal Grievance - Institutional or Facility 11-13 (J)  
Inmate Handbook Page 17

### 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.**

The Department has an administrative procedure for dealing with inmate grievances regarding sexual abuse. 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 have been nine grievances involving PREA related issues filed during the previous year. There were two grievances filed that were finalized in 90 days. There was one third party grievance filed.

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 Department is working with local vendors to provide access to outside confidential support services. The vendor will then provide a hotline, 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 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.**

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. Staff stated during the random interviews they were to report any allegation to the shift OIC and initiate an incident report about the allegation.

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 seven 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 a sexual abuse allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. Interviews of the Warden, Deputy Warden and PREA Compliance manager demonstrated they knew the procedures to follow. There was one allegation of an incident at another institution reported during the intake process to staff. Documentation provided 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. Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 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 seven allegations of sexual abuse. In each case the staff member receiving the allegation separated the alleged victim and abuser. In the past twelve months, there were no allegations where staff was notified within a time period that still allowed for the collection of physical evidence. There were no allegations reported to non security staff during the previous twelve months.

FDC Proc. 108.015 Pt. 5-7/Sec. 7A-7I 7R 7U

### 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.**

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

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

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

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

The security agreement effective October 15, 2015 covers the discipline of staff on Page 13 article 7. The agreement does not prohibit discipline or termination for incidents of sexual abuse.

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 follows FAC 33-602.220 Administrative confinement rule. Administrative Confinement is the temporary removal of an inmate from the general inmate population in order to provide for security and safety until such time as more permanent inmate management processes can be concluded. The number of 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 was nine. In the past twelve months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement was four. All files were reviewed. 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, the number of case files that include both: 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 was zero. There was no documentation provided as to the why alternative means of separation was not arranged. Records and documentation of housing assignments of inmates who alleged to have suffered sexual abuse were reviewed. There was no documentation of in-cell and out-of-cell programs, privileges, education, and work opportunities for inmates in segregated housing for this purpose. There was no justification provided for not providing the programs to the inmate who allegedly suffered sexual abuse.

Corrected; Justification is provided for placement in involuntarily segregation.

Florida Administrative Code 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 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 begins 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. 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 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 Liberty 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 substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate in the institution in the past twelve months. There were seven reported case of staff sexual misconduct none of which 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 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 Liberty CI or satellite facilities.

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 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. There was one inmate that reported prior victimization during the intake process. In the past twelve months, there were two inmates who were identified as having 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 through Corizion offers mental health services to all known inmate abusers, if appropriate. Corizion 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. There was one inmate reporting prior victimization.

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 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 the Management Information Notification System (MINS). The PREA Coordinator has access to information in MINS and gets other information upon requests from 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 cases is forwarded to the PREA Coordinator monthly. The PREA Coordinator ensures the information is provided for purposes of Departmental reporting. An annual report is prepared.

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

**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

August 3, 2016

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Auditor Signature

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Date