

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: 04/17/2021 N/A
If no Interim Audit Report, select N/A
Date of Final Audit Report: 09/13/2021

Auditor Information

Name: Maren Arbach	Email: fcc@midco.net
Company Name: Fidelity Correctional Consulting, LLC	
Mailing Address: PO Box 7203	City, State, Zip: Bismarck, ND 58507-7203
Telephone: 701-214-8660	Date of Facility Visit: 12/01/2020 to 12/03/2020

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency (If Applicable): NA			
Physical Address: 5501 Virginia Way Suite 110		City, State, Zip: Brentwood, TN 37027	
Mailing Address: same as above		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Damon T Hininger, President and Chief Executive Officer	
Email: Damon.Hininger@corecivic.com	Telephone: 615-263-3000

Agency-Wide PREA Coordinator

Name: Eric Pierson, Senior Director, PREA Compliance and Programs	
Email: eric.pierson@corecivic.com	Telephone: 615-263-6915
PREA Coordinator Reports to: Steven Conry, Vice President, Core Services	Number of Compliance Managers who report to the PREA Coordinator: 68 (Indirect)

Facility Information

Name of Facility: Lake City Correctional Facility

Physical Address: 7906 East US Hwy 90

City, State, Zip: Lake City FL, 32055

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.corecivic.com/facilities/lake-city-correctional-facility>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: James Deal

Email: James.Deal@corecivic.com

Telephone: 386-466-1400

Facility PREA Compliance Manager

Name: Ginger Harden

Email: Ginger.Harden@corecivic.com

Telephone: 386-755-3379 ext 7279

Facility Health Service Administrator N/A

Name: Michelle Mallicoat

Email: Michelle.Mallicoat@corecivic.com

Telephone: 386-755-3379 ext 1416

Facility Characteristics

Designated Facility Capacity:

950

Current Population of Facility:

780

Average daily population for the past 12 months:	817	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-24	
Average length of stay or time under supervision:	1.09 Years	
Facility security levels/inmate custody levels:	Community, Minimum, Medium, Close	
Number of inmates admitted to facility during the past 12 months:	678	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	678	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	657	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	247	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	131	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	4	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	14	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	50	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	16
<p>Number of single cell housing units:</p>	1
<p>Number of multiple occupancy cell housing units:</p>	1
<p>Number of open bay/dorm housing units:</p>	14
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	102
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Inspector General's Office) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Inspector General's Office) <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

CoreCivic contracted for a PREA audit to be conducted of Lake City Correctional Facility (LCCF) located in Lake City, Florida. The audit of LCCF was conducted by dual-certified PREA auditor, Maren Arbach.

Approximately six weeks prior to the onsite portion of the audit, audit notices, in English and Spanish, were posted in all living areas, at the facility entrance, in the visitation areas, in the medical area, in the mental health area, and other common areas throughout the facility. The notices provided the auditor contact information in which inmates, staff, and visitors could utilize to write confidentially regarding sexual abuse and sexual harassment within the facility. During the site review, the auditor observed audit notices posted throughout the facility. The auditor received no written correspondence regarding LCCF.

Pre-audit documentation, the Pre-Audit Questionnaire (PAQ), and additional supporting documentation was provided via secure, password protected, downloadable files. The pre-audit documentation was received in an organized manner with standard-by-standard folders distinguishing primary and secondary information. The auditor reviewed the questionnaire and all documentation. News articles referencing LCCF were reviewed online. Nothing related to sexual safety of the facility was located. This is the second PREA audit for this facility. During the first PREA audit, the auditor provided an interim report but did not provide the facility with the final audit report.

Prior to arrival, the auditor requested lists of staff and inmates to include:

- Full inmate roster (alphabetically and by housing unit)
- Full staff roster,
- Full volunteer roster,
- Full contractor roster,
- Roster of all inmates with physical disabilities,
- Roster of inmates who are gay or bisexual,
- Roster of inmates who are transgender or intersex,
- Roster of inmates who are limited English proficient.

All information was prepared for the auditor and provided while onsite at the facility. The facility reported that, during the time of the onsite portion of the audit, there were no inmates who were transgender or intersex. During the site review, informal conversations, and interviews, the auditor did not find any inmates who appeared to be or who stated they were transgender or intersex.

On December 1st, 2020, the auditor arrived at LCCF along with CoreCivic's PREA Coordinator to initiate the onsite portion of the PREA audit. A brief meeting was held with facility leadership in which introductions were made and the audit process and methodology were discussed. Following the meeting, the auditor conducted a site review of the facility, to include all buildings located outside of the main facility, accompanied by facility leadership. All areas of the facility were inspected and the auditor looked for potential blind spots in areas that were accessible to inmates or areas where staff could potentially take an inmate.

During the site review, the auditor noted the toilet areas within outdoor recreation provided for inmate privacy only in one stall. Prior to the end of the onsite portion of the audit, the facility maintenance staff built

additional barriers so that all toilet areas could be used without staff or inmates viewing their genitalia. The auditor also noted several units where the inmates would be visible by both staff and other inmates from the upper tiers or if they moved next to the shower area. More information on this can be found under standard 115.15.

Cameras were viewed and there were no camera views that would allow for viewing of inmates using the restroom or showers. The facility warden reported the camera were operated approximately two years ago but there were no changes to the locations of the cameras throughout the facility.

Following the site review, interviews were conducted utilizing the DOJ protocols that question their PREA training and overall knowledge of the agency’s zero-tolerance policy, reporting mechanisms available to staff and inmates, response protocols when allegations of sexual abuse and/or sexual harassment are made, first responder duties, data collection processes, and other pertinent PREA requirements. The PREA Auditor Handbook requires at least 12 random staff interviews to be conducted. A total of 10 random interviews were conducted. A total of 16 specialized interviews were conducted. In addition to the specialized interview questions, all specialized staff were also asked all questions from the random staff guide. as follows:

Staff (All specialized staff were also asked the questions included in the random staff protocol.)

Warden	1
CoreCivic PREA Coordinator	1
LCCF PREA Compliance Manager	1
Intermediate or Higher-Level Facility Staff	2
Medical and Mental Health Staff	4
Human Resources	1
Investigative Staff	1
Staff Who Perform Screening for Risk of Victimization or Abusiveness	1
Staff Who Supervise Inmates in Segregated Housing	1
Staff on Incident Review Team	6*
Designated Staff Member Charged with Retaliation Monitoring	1
First Responders	1
Intake Staff	1
Random Staff	10

* All six indicated here are accounted for in another specialized interview group.

The PAQ indicated the average daily population for the reporting period was 817 residents. The PREA Auditor Handbook requires at least 15 random inmate interviews and at least 15 targeted inmate interviews for an adult prison population of 501-1000 inmates. Due to the limited number of inmates who met the criteria of the targeted protocols, additional random inmates were selected to be interviewed for a total of 34 inmates.

Inmates

Limited English Proficient	2
Identify as Lesbian, Gay, or Bisexual	1
Physically Disabled	1
Random Inmates	30

During the reporting period, there were two allegations which fall under the definition of a prohibited act in the context of PREA. There was one allegation of inmate on staff sexual abuse and one incident of inmate-on-inmate sexual abuse. Both of these cases followed the correct protocols as outlined under the applicable standards within this report.

The primary investigative body for LCCF is the Office of the Inspector General (OIG). The handle all administrative and criminal investigations with one exception. When there is an allegation of inmate-on-

inmate sexual harassment, they may refer those back to the facility for investigation. The investigative information is then reviewed by the OIG to see if further action is needed.

LCCF has medical onsite 24 hours per day. Mental health practitioners are available during business hours and are also on-call for after-hours issues that arise.

After the onsite portion of the audit, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard. To determine compliance with each standard, the auditor utilized information provided within the PAQ, observations during the site review, information obtained during staff and inmate interviews, and additional information requested by the auditor from the facility. There were no barriers to completing the audit of LCCF.

The interview report was scheduled to be provided to facility no later than January 17, 2021. Due to COVID-19, the auditor was required to focus her efforts at pandemic response and mitigation within her primary employment and was unable to complete the report in the required time frame.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

LCCF is a contract facility for the Florida Department of Corrections (FDC.) As part of that contract, they are required to follow the Florida Department of Corrections policies and procedures. Information regarding the facility can be found on the Florida Department Corrections website at the following address: <http://www.dc.state.fl.us/ci/219.html>.

LCCF houses inmates who are considered to be youthful or young adult offenders under Florida law. The age range housed at the facility is 18-24 years of age. If further incarceration is needed beyond the age of 24, the inmates are moved to another facility operated or overseen by the Florida Department of Corrections. LCCF houses those classified as community, minimum, medium, and close custody. Those with a classification of community custody are allowed to work within the community. Minimum security inmates are allowed jobs within the administrative areas of the facility but not outside of the gates. Medium classification can work within the main part of the facility. Close custody inmates have to be in the unit before the sun goes down, cannot work in the administrative areas, or outside of the gates.

The designed facility capacity of LCCP is 950 inmates. The facility reported the average daily population of the facility is 817. The facility operates under the unit management concept and is made up of one single cell housing unit, one multiple occupancy housing unit, and 14 open bay/dorm housing units.

Regular visitation is normally held at the facility on Saturdays and Sundays from 9:00 am to 3:00 pm. Visitation is also allowed on New Year's Day, Martin Luther King, Jr Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Friday after Thanksgiving, and Christmas Day. If one of these holidays falls on a Saturday, the preceding Friday will be observed as the holiday. If the holiday falls on a Sunday, the following Monday will be observed as a holiday.

The facility provides education, vocational, and rehabilitative programming. Educational opportunities consist of barbering, HVAC, Tile Setting, GED Preparation, and CDL training. The facility also provides an 11-month Culinary Arts course. This course runs for one group from 7:00 am to 9:00 am and another from 1:00 pm to 3:00 pm. Due to COVID-19, rehabilitative programming has taken a new look. At the time of the onsite audit, the facility had discontinued groups and was only providing individual sessions. The facility has one unit that operates as a Faith-Based Unit. This unit houses those of any faith and residence is voluntarily. In addition to the services already mentioned, the facility offers other services to include food service, medical care, dental care, recreation, religious programming and services, work programs, library, laundry, mail and telephone access.

At the time of the onsite portion of the audit, LCCF employed 247. One hundred and thirty-one of those staff had been hired within the last year. There are currently 64 contractors or volunteers who are approved access to the facility. Contractors and volunteers undergo the same background check process as staff. Further information pertaining to the background check process will be covered under standard 115.17.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: [Click or tap here to enter text.](#)

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053 “Prison Rape: Prevention, Detection, and Response”
- Facility Memo from Warden Dedos dated 01/03/2020
 - Memo naming LCCF PREA Compliance Manager
- LCCF Organization Chart
- Email from CoreCivic dated 12/12/2016
 - Email providing information on new employees including PREA Coordinator
- CoreCivic Organization Chart
- Specialized Interview: PREA Coordinator
- Specialized Interview: PREA Compliance Manager

Findings:

115.11 (a)

LCCF utilizes the Florida Department of Corrections (FDC) procedure 602.053, “Prison Rape: Prevention, Detection, and Response” to guide their PREA compliance efforts. The purpose of the document is to “establish zero-tolerance standards for sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in institutions and community corrections while protecting the rights of inmates and offenders, regardless of gender or sexual preference, through accountability of perpetrators and the punishment of those institutional and community correctional officials who fail to prevent, detect, and response to sexual abuse, sexual battery, and sexual harassment crimes for incarcerated inmates and those offenders under Departmental Jurisdiction.”

Procedure 602.053 defines all prohibited acts utilizing the same definitions as within the standards. The procedure includes the following information:

- Identification: Contains information on initial orientation, Health Services screening, medical evaluations of those who are transgender or intersex, risk screening, and considerations for those who are transgender or intersex.
- Staff: Contains information on staffing plans, coordinated response information, and unsupervised rounds.
- Training/Education: Contains information on staff training.
- Contractors and Volunteers: Contains information on training for contractors and volunteers.
- Inmates: Contains information on orientation, disabilities and LEP, and reporting.
- Reporting: Contains information on the reporting of allegations of sexual abuse and sexual harassment.
- Response: Contains information regarding expectations for the facility coordinated response.
- Post Sexual Battery Guidelines: Contains information on SANE examinations.
- Medical and Mental Health Care: Contains information on risk screening information.
- Data Collection and Analysis: Contains information pertaining to the compilation and reporting of data using the Survey of Sexual Victimization Form.
- Office of Human Resources: Contains information on the tracking of PREA information within Human Resources.
- Discipline: Contains information pertaining to discipline against staff, contractors, volunteers, and/or inmates who are found guilty of sexual abuse, sexual battery, or sexual harassment.
- Investigative Findings-Report: Contains information pertaining to the notification of the victim of the findings of an investigation.
- Case Records: Contains information regarding the retention of investigative materials.

- Confidentiality of Records: Contains information regarding the confidentiality of investigation information.
- Sexual Abuse Incident Review: Contains information regarding the requirements of the Sexual Abuse Incident Review/Facility Investigative Summary.
- PREA Coordinator and Compliance Managers: Contains information outlining the responsibilities of the PREA Coordinator and PREA Compliance Manager.

115.11 (b)

LCCF is a private, for-profit facility operated by CoreCivic. CoreCivic has a PREA Coordinator who indirectly supervises the PREA Compliance Manager within the CoreCivic facilities. Mr. Eric Pierson holds the title of Senior Director, PREA Programs & Compliance and reports to the agency Vice President, Operations Administration.

Mr. Pierson reported having sufficient time and authority to oversee the agency PREA Compliance efforts. Mr. Pierson has certified and recertified PREA auditor which enables him to thoroughly understand the standards and the guidance from the PREA Resource Center.

Mr. Pierson works with each facility to address any compliance concerns that surface as well as schedules and helps to prepare for each PREA audit. In addition, Mr. Pierson generally attends the onsite portion of the facility audits on behalf of the agency. Mr. Pierson was in attendance during the onsite portion of the audit of LCCF.

115.11(c)

Ms. Talena Carver, Assistant Warden (Programs), also serves as the PREA Compliance Manager for LCCF. This position reports directly to the facility warden. Ms. Carver reported having enough time and authority to oversee the compliance efforts at LCCF.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Pre-Audit Questionnaire
- Specialized Interview: Warden

Findings:

115.12(a)(b)

LCCF does not contract to house their offenders within any other facilities so this standard is not applicable.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external

oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Agency Policy Supplement 602.053
 - 14-2 Sexual Abuse Prevention and Response
- FDC Post Order 1
 - General Post Order
- FDC Post Order 3
 - Shift Supervisor
- Annual PREA Staffing Plan Assessment (2018, 2019, and 2020)
- Sample Housing Unit Logs
- Sample Control Room Logs
- Diagrams of Officer Posts throughout the Facility
- List of Facility Camera Locations
- Memo from Warden Dedos dated 09/25/2020
 - Unannounced Rounds required on every shift.
- Specialized Interviews: Intermediate or Higher-Level Staff

Findings:

115.13 (a)(c)

On an annual basis, all CoreCivic facilities are required to complete an Annual PREA Staffing Plan Assessment. This assessment considers the following:

- The gender of the population
- Custody level of the population

- Staffing Plan Review Checklist
 - Generally accepted detention and correctional practices,
 - Judicial findings of inadequacy,
 - Investigative findings of inadequacy,
 - Adequate levels in all areas where inmates are housed or receive services,
 - Composition of the population,
 - Adequate assignment of supervisory staff,
 - Programming timing,
 - Positions required by local laws, regulations, and standards,
 - Location of previous incident of sexual abuse,
 - Any other relevant factors.
- Video Monitoring

This assessment is completed by the facility PREA Compliance Manager and reviewed by the facility Warden. The assessment is then sent to the PREA Coordinator who completes a section covering recommendations for changes to policy/procedure, physical plant, video monitoring or technology, and staffing changes. This report is forwarded to the Vice President, Facility Operations who approves or denies the recommendations of the PREA Coordinator.

LCCF provided the auditor with the Annual PREA Staffing Plan Assessments from 2018, 2019, and 2020. The most recent staffing plan (2020) includes a breakdown of security positions and numbers needed during each shift based on a population of 893.

115.13 (b)

Based on Agency Policy Supplement 14-2, the LCCF Chief of Security is responsible for reviewing the staffing plan in conjunction with the daily shift roster. If a deviation to the staffing plan is found, the Chief of Security is responsible for notifying the PREA Compliance Manager. The PREA Compliance Manager will document and describe the deviation on the 5-1B Notice to Administration as well as the justification for the deviation. Within seven days, the PREA Compliance Manager will notify the PREA Coordinator of the deviation and of the corrective action that was taken.

During the reporting period for this audit, LCCF has not experienced any deviations to the staffing plan.

115.13(d)

FDC procedure 602.053 Prison Rape: Prevention, Detection, and Response states the facility Chief of Security is responsible for ensuring unannounced supervisory rounds are completed.

FDC Post Order Number 03: Shift Supervisor requires unannounced rounds of all inmate housing and activity areas as well as documentation of the rounds.

FDC POST Order 01: General POST order prohibits staff from alerting other staff that supervisory rounds are occurring.

In addition, the PREA Process Memo sent to the Duty Wardens and Shift Supervisor by the Warden on 09/25/2020 states, “unannounced PREA rounds will be conducted on every shift at unpredictable times and without noticeable patterns to identify and deter staff sexual abuse and sexual harassment. During the unannounced PREA rounds, supervisors will:

- Ensure that inmates and staff are not alerted that an unannounced PREA round will take place;
- Observe the area for negative or predictive patterns that might indicate risk for sexual abuse or sexual harassment;
- Verify that correctional officers are posted as required and that staffing is adequate for the area;
- Verify that inmates can be easily observed by correctional staff and that no obstructions or interferences are present.”

Review of housing unit and control room logs indicate the practice of unannounced rounds by intermediate or higher-level security staff. During an interview with security supervisor, he indicated completing unannounced rounds twice each night on the overnight shifts. During interviews with the facility Unit Managers, they indicated conducting unannounced rounds. In addition to when they are on shift, they randomly come in while off work to conducted rounds through all units as well are rotate coming in to conduct unannounced rounds on the weekends.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Florida Statute 944.1905 Initial Inmate Classification; Inmate Reclassification
- Florida Statute 958.04 Judicial Disposition of Youthful Offenders
- FDC Procedure 601.211, Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities
- FDC Procedure 501.201, Special Education Services

Findings:

115.14 (a)(b)(c)

LCCF houses male offenders who are deemed to be youthful or young adult offenders by the courts or by FDC. The offenders are age 18 to age 24.

Standard 115.14 is not applicable at LCCF since there are no offenders housed there who are under the age of 18.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status 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? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making the compliance determination:

- Rule 33-602.204, Searches of Inmates
- FDC Procedure 602.018, Contraband and Searches of Inmates
- FDC Procedure 602.036, Gender Specific Security Positions, Shifts, Posts, and Assignments
- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- FDC POST Order 01: General POST Order
- FDC New Employee Training Lesson Plan
- FDC Entrance and Exit from Institutions Lesson Plan
- LCCF Staff Training Records
- Housing Unit Log of Events indicating Cross-Gender Announcements
- FDC Search Logs
- Random and Targeted Inmate Interviews
- Random and Specialized Staff Interviews
- Site Review Observations
- Date Stamps Photos from Units F, J, K, P, and R

Findings:

115.15 (a)

Rules 33-602.204, Searches of Inmates, states the following:

- “Unclothed body searches of inmates will only be conducted by correctional officers who are the same sex as the inmate except when time and circumstances do not permit the arrival of same sex staff or due to an imminent threat of physical violence when an immediate search is necessary to secure the inmate to prevent injury to staff, inmates, or the public.”
- “Body Orifice and cavity searches of inmates may only be conducted by appropriate medical personnel who may be of the opposite sex from the inmates.”
- “Unclothed searches of inmates will be conducted by staff of the same sex, except in an emergency situation as determined by the Shift Supervisor.”

FDC Procedure 602.036, Gender Specific Security Positions, Shifts Posts, and Assignments, states the following:

- “Inmates will not be supervised by officers of the opposite gender while inmates are showering or in the toilet area unless appropriate privacy screening is provided to obscure from view... the genitalia and buttocks of both male and female inmates.”
- “More intrusive supervision involving viewing the areas of the body specified above must be conducted by officers of the same gender as the inmate being supervised, except in emergency situations where safety and security issues dictate otherwise.”
- “Special Housing: All posts involving the direct supervision of inmates in special housing will be gender specific to the inmates being supervised.”

The pre-audit questionnaire reported there were no cross-gender strip searches during the reporting period. Interviews with staff and inmates of LCCF indicate there have not been any cross-gender strip searches conducted at LCCF.

115.15(b)

This provision of the standard is not applicable at LCCF since they do not house female inmates.

115.15(c)

FDC Procedure 602.036, Gender Specific Security Positions, Shifts Posts, and Assignments, states the following:

- “All strip searches of inmates conducted by staff of the opposite gender... require the staff conducting the search to submit an “Incident Report,” DC6-210, explaining the justification for the search exception.”

Due to the fact that there were no cross-gender strip searches reported by the facility or by the staff and residents of the facility, there was no documentation available for review. However, the procedure is in place and, based on information obtained during interviews, staff are aware an incident report would need to be completed if a cross-gender strip search were to be conducted.

115.15(d)

FDC Procedure 602.036, Gender Specific Security Positions, Shifts Posts, and Assignments, states the following:

- “Inmates will not be supervised by officers of the opposite gender while inmates are showering or in the toilet area unless appropriate privacy screening is provided to obscure from view... the genitalia and buttocks of both male and female inmates.”

While conducting the site review, it was noted there were several units that, based on unit design, allowed for viewing into the shower area. In units F and G, the brick walls are low enough to allow for viewing of the inmate genital area and buttocks by those walking by the area. Conversations were had while onsite about the need to raise the height of the dividers to allow for additional privacy. In addition, the showers in units J, K, P, R allowing for viewing directly into the shower from the second tier. This allows for any staff or inmates direct viewing into the shower stall. Facility administration indicated all inmates at the facility shower with their boxers on but, upon further discussion, it was determined this is not a requirement. Conversations were had while onsite about creating a barrier that would block viewing from the upper tiers in these units. The facility provided the auditor with photos of the showers within these units.

Also while conducting the site review, it was noted the toilets available adjacent to the outdoor recreation area did not all have a device to allow for privacy of a person utilizing the toilet. While the auditor was still on site, the maintenance department created additional barriers which were deployed to the area.

During the site review, the auditor entered master control to view camera placement. Based on the positions of the cameras within the units that were noted during the site review of those areas, there were no areas of concerns. The auditor requested and was allowed to view the angle of each of the cameras within the facility. No areas of concern were found.

POST Order 01, General POST order, states the following:

- “Staff of the opposite gender will announce at the beginning of each shift that they will be present in the housing unit at any time during the course of the shift. This announcement will be documented on the DC6-209 Housing Unit Log.”

The FDC New Employee Training program includes information on the Prison Rape Elimination Act. It expands on the information provided within POST order 01. It states the following:

- Staff of the opposite gender must announce their presence when entering male or female inmate housing units at the beginning of shift. When a staff member is replaced by a member of the same sex, there is no need to make a new announcement. However, when a staff member is replaced by a staff member of the opposite sex, the replacement member must announce his/her presence when entering the housing unit.

During the site review, staff completed the cross-gender announcement in all units. During interviews with 34 inmates of the facility, only one indicated the staff do not perform announcements. Ten inmates indicated that most of the staff announce but sometimes they don't. The auditor would recommend reminding staff of the importance of ensuring announcements are completed consistently.

115.15(e)

Rules 33-602.204, Searches of Inmates, states the following:

- "Clothed searches of transgender/intersex inmates by male staff will only be conducted during an emergency situation as deemed by the Shift Supervisor or if the arrival of female staff will disrupt the normal daily operations of the institution. Afterwards, the staff performing the search will submit DC6-210, explaining the urgency justifying the search exception."

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- "Staff will not search or physically examine a potential GD (gender dysphoric) inmate, transgender inmate, or intersex inmate for the sole purpose of determining the inmate's genital status. If the genital status is unknown, it can be determined through conversation with the inmate, by reviewing medical documentation or, if necessary, through a broader medical examination conducted in private by a medical practitioner."

During an interview with facility supervisors, they were asked how gender would be determined if the inmate's genital status was unknown. They indicated they would either review medical records, refer to their state identification, or ask the inmate. Based on the information contained in the lesson plan discussed under provision (f), an individual's sex shall be determined by the sex indicated on his official state identification.

115.15(f)

FDC Entrance and Exit from Institutions lesson plan states the following:

- "Clothed pat frisk searches will be conducted by an employee of the same sex as the person being searched."
- "An individual's sex shall be determined by the sex indicated on her/his official state identification (i.e., driver license, state identification card, etc.)."
- "Be police, nice, and maintain a professional demeanor."

During the onsite portion of the audit, interviewed staff indicated they received training in conducting searches of transgender and intersex inmates as well as cross-gender pat searches.

Training records were requested for all staff who were interviewed during the onsite portion of the audit.

Corrective Action:

115.15 (d)

- 1) Develop and implement physical plant changes to the shower areas of units F, G, J, K, P, and R to ensure reasonable privacy for the inmates utilizing the showers.
- 2) Provide the auditor with date stamped proof of changes to the shower areas in units F, G, J, K, P, and R.

Corrective Action Completion:

On 09/10/2021, the auditor received date stamped photos from the PREA Coordinator showing the modifications of units F, G, J, K, and P.

Within unit F, the facility raised the height of the brick dividers to block viewing into the shower areas from the upper tiers which should allow for the inmates to shower without staff or other inmates to being able to view their genital or buttocks. Unit G began the modification of the shower units to raise height of the brick dividers to obstruct viewing on 09/13/2021 with a projected completion date of 09/17/2021. There was a delay to beginning the project due to the need to have the unit on quarantine due to COVID.



Within units J, K, P, and R, the facility installed a panel at the end of the tier that obstructs viewing into the showers directly below and next to the platform.



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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: inmates who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency 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? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Agreement between CoreCivic and North American Master Services Agreement (Language Line Services, Inc.)
- Internal Translator List
- FDC Sexual Abuse Awareness Pamphlet (English and Spanish)
- FDC PREA Acknowledgement (Spanish)
- Targeted Inmate Interviews
- Staff Interviews

Findings:

115.16 (a)(b)

FDC Procedure 602.053, Prison Rape, Prevention, Detection, and Response, states the following:

- “Inmates with recognized disabilities and Limited English Proficiency (LEP) shall be advised of the Department’s zero tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in accordance with the resources outlined in “Americans with Disabilities Act Provisions for Inmates,” Procedure 604.101 and other Department resources as appropriate. Resources include closed captioning, large print material, reading of materials to inmates by staff, the Department translator list, and Language Line Services.”
- “LEP inmates should be provided PREA education in their primary language.”

LCCF has a current contract with LanguageLine Solutions for tele-translation services. This service was utilized by the auditor to conduct interviews with two LEP inmates during the onsite portion of the audit. Both of these inmates indicated an understanding of what the PREA standards entail, how to report if they need assistance due to sexual abuse or sexual harassment, and their rights. In addition, FDC maintains a list of staff who are able to translate if the need should arise. Translation services based on this list include Filipino, Creole, French, Native American, Spanish, German, Guyanese, Italian, Patois, Russian, Ukrainian, American Sign Language, Arabic, Farsi, Kurdish, Latin, Thai, and Korean.

The auditor requested a list of inmates who fell within each of the targeted interview groups. Due to a limited number of people at the facility who fell within one of the targeted groups, the auditor conducted interviews as follows: two LEP inmates, one physically disabled inmate, and two bisexual inmates. Only one of the two bisexual inmates reported to the auditor to being bisexual or gay so only the random interview protocol was utilized with him. The auditor interviewed one inmate who did not appear on a list as cognitively disabled but was slower to process the interview questions and needed the questions worded using simple terms to understand. Regardless, he stated he would talk to staff if anything were to happen to him within the facility and felt confident he would be protected.

115.16 (c)

FDC Procedure 602.053, Prison Rape, Prevention, Detection, and Response, states the following:

- “Inmates shall not be used as interpreters or readers except in exigent circumstances.”

During interviews with staff, all staff indicated they would not allow another inmate to interpret information about sexual abuse or sexual harassment. The majority of staff indicated they would contact a coworker who was bilingual to assist. Upper-level staff were aware of the option of the Language Line to access interpreter services.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Agency Policy Supplement 602.053
 - 14-2 Sexual Abuse Prevention and Response
- Sample Background Check Documents
- Sample Self-Declaration of Sexual Abuse and Harassment Forms
- Specialized Interview: Human Resources

Findings:

115.17 (a)

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- "Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmates/residents. To the extent permitted by law, CCA will decline to hire or promote anyone who may have contact with inmates/residents, who:
 - Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined by 42 U.S.C 1997);

- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity as outlined in A.1.b

Note: To the extent permitted by law, CCA may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information.”

“All applicants and employees who may have direct contact with inmates/residents shall be asked about previous misconduct as outlined above in written applications or interview for hiring or promotions, and in any interviews or written self-evaluation conducted as part of reviews for current employees.”

- “The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form will be completed upon application for employment and as part of the promotional interview process.”

115.17 (b)

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- “The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form will be completed upon application for employment and as part of the promotional interview process.”

115.17 (c) (d)

LCCF reported hiring 131 new employees within the pre-audit questionnaire. During the interview with the Human Resources staff person, she indicated all background checks (Florida and national) are conducted by the Department of Management Services. The staff person, contractor, or volunteer’s information and fingerprints are submitted electronically and the facility is provided with a report notifying them if the person is approved or denied for employment.

In order to verify employment with prior institutional employers, the administrative person indicated there is an automated system that checks for prior employers within the state of Florida. She reported this system also tracks the reason the person left employment. For out of state correctional facilities, she reported the checks are conducted via fax or phone call.

In addition to the application, all potential new hires/contractors are required to complete the Self-Declaration of Sexual Abuse/Sexual Harassment form.

The auditor randomly selected five contractor/volunteers and requested copies of their background check forms. Upon review, each of the contractors/volunteers underwent a background check in 2020 or 2021.

The auditor requested and reviewed the initial background checks for 20 randomly selected staff. All background checks were completed in a timely manner.

115.17 (e)

Background checks are completed on an ongoing basis for all approved staff, contractors, and volunteers utilizing their fingerprints. The Department of Management Services notifies the facility of any new arrests that are entered into the system as they happen. The Human Resources person indicated all new fingerprint cards are processed within 48 hours so the notifications to the facility happen within that time frame.

Due to the continual background checks that are conducted, the facility did not have documentation showing the rerunning of employee record checks. The auditor was provided with copies of notification from the Florida Department of Management Services regarding a hit within the system. During 2020, the facility received one notification of new arrest information. However, the employee had been terminated earlier the same month.

115.17 (f)

LCCF uses the Self-Declaration of Sexual Abuse/Sexual Harassment form to ask all applicants and employees who may have contact with inmates about previous misconduct described in provision (a) of this standard. The form cites the three required questions about previous misconduct. The Human Resources person asserted this form is completed prior to hire, annually by all employees, and at the time of promotions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Agency Policy Supplement 602.053
 - 14-2 Sexual Abuse Prevention and Response
- List of LCCF Camera Locations
- Specialized Interview: Warden

Findings:

115.18 (a)

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CCA will consider the effect of the design, acquisition, expansion, or modification on the company’s ability to protect inmates/residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.”

During the reporting period, LCCF did not expand or modify the facility.

115.18 (b)

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CCA will consider how such technology may enhance the ability to protect inmates/residents from sexual abuse. Such considerations shall be documented on form 7-1B Physical Plant Considerations.”

During the interview with the warden, he indicated that, during the reporting period, the cameras were upgraded but there were no changes to the locations of the cameras.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly

comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations
- FDC Procedure 401.010, Co-Payment Requirements for Inmate Medical Encounter
- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Specialized Interviews: Medical Staff
- Interviews with Specialized and Random Staff
- Investigative Files

Finding:

115.21 (a)

LCCF has one trained investigator who is responsible for conducting administrative investigations of inmate-on-inmate sexual harassment within the facility. The remainder of criminal and administrative investigations are referred to the Office of Inspector General (OIG). The requirements for which allegations will be investigated by the OIG are located in FDC Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations.

- "Absent mitigating factors, all allegations of inmate-on-inmate sexual harassment shall be referred to management for investigation and handling as management and/or disciplinary issues."
- "Aside from inmate-on-inmate sexual harassment, all other allegations of any inmate-on-inmate sex offense shall be investigated by the Office of Inspector General."
- "All allegations of staff on inmate sexual abuse, sexual harassment, and voyeurism shall be investigated by the Office of Inspector General. None shall be referred to management."

In addition, FDC Procedure 108.015 outlines the coordinated response that is to be taken. This procedure documents the steps of the first responder, officer in charge, the OIG investigator, requirements regarding witnesses and bystanders, staff involved in the transportation of a victim for medical care, the reporting of investigative findings to victims, and records retention.

During interviews with random and specialized staff, a scenario was used to gauge their understanding of the response procedure for an allegation of sexual abuse. In each instance, the staff was able to articulate the steps needed to protect and preserve evidence as well as to care for the inmates. Interviews with staff and procedure 108.015 indicate all evidence collection would be conducted by the OIG investigator or forensic evidence technician.

115.21 (b)

The OIG are dispatched when there is an allegation of sexual assault within the facility. If a forensic exam is appropriate, the OIG dispatches a SART team to report to the facility to conduct the examination of the inmate. The inmates are not transferred out to a community hospital for the completion of these examinations.

115.21 (c)

FDC Procedure 401-010, Co-Payment Requirements for Inmate Medical Encounter states the following:

- “Waiver of co-payment may be granted if the health care visit... is a Prison Rape Elimination Act (PREA) incident involving sexual abuse or sexual harassment.”

115.21 (d)

FDC Procedure 108.015 states the following:

- “An Inspector investigating a sexual battery or sexual misconduct where physical evidence may be present shall... in the case of sexual battery, in accordance with Florida law, (section 794.052, F.S.), verify the victim obtains medical treatment, if medical treatment is necessary as a result of the alleged incident, a forensic examination, and advocacy and crisis-intervention services.”

CoreCivic has a Memorandum of Understanding (MOU) with Another Way, Inc which provides for advocacy services for inmates of LCCF. At this time, the current MOU provides for services during the forensic medical examination. CoreCivic began the process of updating the MOU to include the telephone/in person advocacy services that are available to the inmates of LCCF. At the time of this writing, the expanded MOU has not been executed. However, Another Way, Inc is providing these services if they are needed.

During the reporting period, LCCF reported there were no forensic medical examinations performed by either a SANE/SART or qualified medical professional.

115.21 (e)

FDC Procedure 108.015 states the following:

- The OIG investigator will “ensure the incarcerated victim has received the brochure “Sexual Abuse Awareness” and was advised of his/her rights to access crisis intervention services, to have a forensic examination, and to have a victim advocate present during the forensic examination and/or the investigative interview if s/he chooses to. If the inmate has not received notification and the brochure, prior to any exam or interview, the Inspector will give the inmate one, advise them appropriately, and document such in the interview.”

CoreCivic has an executed Memorandum of Understanding (MOU) with Another Way Inc Domestic Violence and Rape Crisis Center. This MOU was executed in 2015 and is valid until termination by either party with 30 days written notice. The MOU provides inmates of LCCF the following services as needed:

- Respond to requests from the facility to provide SART/hospital accompaniment for facility inmates.

CoreCivic began the process of updating the MOU to include the telephone/in person advocacy services that are available to the inmates of LCCF. At the time of this writing, the expanded MOU has not been executed.

115.21 (f)

LCCF has one trained investigator who handles all investigations that are referred back to management from the OIG. He reported he is immediately contacted whenever an allegation is reported and reports to the facility to direct the initial investigation process and notification procedures.

115.21 (g)

Auditor is not required to audit this provision.

115.21 (h)

Not applicable.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Florida Statute, Title XLVII: Criminal Procedure and Corrections, Chapter 944: State Correctional System, Section 944.31: Inspector General; Inspectors; Power and Duties
- FDC Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations
- Sample Management Information Notification Management System (MINS) Reports
- Sample Incident Reports
- Investigation Files
- FDC Website
- Specialized Interview: Warden
- Specialized Interview: Facility Investigator
- Random Staff and Inmate Interviews
- Investigation Files

Findings:

115.22 (a)(b)(c)

Florida Statute, Title XLVII: Criminal Procedure and Corrections, Chapter 944: State Correctional System, Section 944.31: Inspector General; Inspectors; Power and Duties states the following:

- “The inspector general and inspectors shall be responsible for criminal and administrative investigation of matters relating to the Department of Corrections. The secretary may designate persons within the office of the inspector general as law enforcement officers to conduct any criminal investigation that occurs on property owned or leased by the department or involves matters over which the department has jurisdiction.”

FDC Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations states the following:

- “The Office of Inspector General shall, except pursuant to the terms of any valid Memorandum of Understanding (MOU) or protocol with any other law enforcement agency, by the primary investigative unit of all sexual misconduct allegations occurring on Department property.”

- “Whenever sexual abuse, sexual battery, sexual harassment, sexual misconduct, or voyeurism occurs, the Emergency Action Center (EAC) shall be notified without unnecessary delay. The OIC or the Incident Commander shall ensure that any sexual abuse, sexual battery, sexual harassment, sexual misconduct, or voyeurism is reported via MINS after notification to EAC.”

Interviews with facility leadership and random staff indicate that all allegations are reported and investigated appropriately. Interviews with random and targeted inmates did not indicate any allegations that were not investigated by the facility.

The facility website for LCCF and the agency website Florida Department of Corrections were reviewed by this auditor. Both sites contain the applicable policy/procedure pertaining to the investigations of allegations of sexual abuse/sexual harassment.

Review of the investigation files shows two allegations for the reporting period. In each of the allegations, the officer in charge completed a PREA checklist. This checklist includes the requirement to notify the Emergency Action Center (EAC). EAC makes a notification to the OIG. Further documentation shows the facility receiving status updates when the investigations are closed by the OIG.

During the interview with the LCCF investigator, he reported he is kept up to date on the status of the investigations being conducted by the OIG. He stated he is able to either go to the local office located nearby or send over the case log to request an update. Th investigator indicated he is called whenever there is an allegation of sexual abuse or harassment and reports to the facility if he is not onsite at the time. He stated the call generally occurs no longer than 30 minutes from when the allegation is reported. He stated the following steps are taken.

- Emergency Action Center (EAC) is notified
- EAC contacts the on-call OIG investigator
- OIG investigator reports to the facility
- If the OIC investigator and medical determine a SANE examination is needed, the inmate is transported to a medical center.

115.22 (d)

Auditor is not required to audit this provision of the standard.

115.22 (e)

Auditor is not required to audit this provision of the standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- New Hire Orientation Curriculum
- In Service Training Curriculum
- Interview with Learning and Development Manager
- Interviews with Specialized and Random Staff
- Staff Training Records

Findings:

115.31 (a)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- "All staff shall be thoroughly trained and informed regarding the Department's zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment at least every two years."

FDC's New Employee Training Unit 7 is titled "Prison Rape Elimination Act (PREA.)". The content covers all elements listed under provision (a) of this standard. The content for this course was provided to and reviewed by the auditor. All elements required by this standard are included.

During interviews with specialized and random staff, it was evident all staff had received training and that the training covered all of the required elements.

115.31 (b)

LCCF reported in the PAQ that the training is tailored to the gender of inmates housed within their facility. They also indicated that, if a staff person would transfer from a female facility to LCCF, they would be provided with additional training pertaining to male inmates.

The content for this course was requested and reviewed by the auditor. The content is applicable to both male and female inmates. (i.e. searches of male and female inmates).

115.31 (c)

All CoreCivic facilities are required to complete training upon hire. In addition, all CoreCivic facilities are required to complete training on an annual basis which is referred to as in-service training. The elements under provision (a) are included in the content for both New Hire and In-Service training.

During 2020, the COVID-19 pandemic caused changes to the facility's training plan for 2020. On March 13, 2020, then-President Donald Trump issued a declaration of national emergency due to the growing COVID-19 crisis in the states. On March 25, 2020, FDC Bureau Chief issued a directive for all facilities. The memo stated all department in-service training was suspended due to the pandemic.

The auditor requested the training records of 24 LCCF staff. Of these 24, 21 staff had completed training on the PREA requirements either through New Hire Orientation, Self-Study, or through in-service training prior to the suspension of in-service training. The three staff who had not completed the training in 2020 due to the suspension, had been trained in 2019.

115.31 (d)

Training acknowledgements for all staff who were interviewed were requested and reviewed by the auditor. The acknowledgments state, "I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training I have received. I understand that as an employee/volunteer/contractor, it is my responsibility to abide by policy and procedure as directed in the training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, the Learning and Development Manager, or the PREA Compliance Manager."

This document is signed and dated by the participant and retained by the training department.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- FDC Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors "Read and Sign"
- Sampling of Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors Read and Sign Forms

Findings:

115.32 (a)(b)(c)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response states the following:

- "The institution shall ensure that all contractors and volunteers who have contact with inmates are trained on their responsibilities under this and related policies via the Staff Development and Training lesson plan "Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors Read and Sign", NI1-127. This training shall be administered to all contractors and volunteers every three years. In addition, the "PREA Brochure for Interns, Volunteers, and Contractors," NI1-125 will be distributed annually to all contractors and volunteers.

During the interview with the Learning and Development Manager, she indicated contractors and volunteers are trained on a yearly basis. She also reported the training records for these people are manually maintained.

As part of the PAQ, the facility provided a copy of FDC "Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors." The training states the following.

- "What are the three primary objectives of Procedure 602.053- Prison Rape: Prevention, Detection, and Response?
 - To establish zero-tolerance standards for sexual assault/battery in institutions and community corrections while protecting the rights of inmates and offenders, regardless of gender, or sexual preference, through accountability of perpetrators and the punishment of those institutional and community correctional official who fail to detect, prevent, reduce and punish sexual assault/battery/harassment crimes for incarcerated inmates and those offenders under department al jurisdiction."

The auditor randomly selected five contractor/volunteer names and requested proof of training. All five contractors/volunteers completed Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors "Read and Sign" training in 2020 or 2021.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making the compliance determination:

- FDC Procedure 601.210, Inmate Orientation
- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- LCCF Inmate Handbook
- DC6-134C, Acknowledgement of Receipt of Orientation on Prison Rape Elimination Act
- Form NI1-120, FDC Sexual Abuse Awareness Brochure
- PREA Signage
- Interviews with Classification Staff
- Interviews with Targeted and Random Inmates

Findings:

115.33 (a) (b) (c) (d) (e) (f)

FDC Procedure 601.210, Inmate Orientation, states the following.

- “Upon arrival at a reception center, the inmate will receive an initial orientation via an approved video presentation that specifically addresses the following... information on PREA, the Department’s zero tolerance policy and how to report incidents and suspicion of sexual abuse or sexual harassment via the “Sexual Abuse Awareness Brochure”, NI1-120.”
- “Within five working days of arrival at a reception center, but prior to transfer, each newly committed inmate will receive a copy of the “Inmate Orientation Handbook”, NI1-091, and a comprehensive

training relating to the requirements and opportunities during the remainder of her/his incarceration while assigned to any institution/facility within the Department. The orientation will include at a minimum the following... the PREA.”

All inmates sentenced to the FDC start their incarceration at the reception center. While at the reception center, they get initial PREA orientation. Five days later, the inmates receive their handbook and a more comprehensive PREA training.

FDC Procedure 601.210, Inmate Orientation, states the following:

- “Upon arrival at a permanent facility or satellite facility, each inmate will receive supplemental orientation specific only to that particular facility or satellite facility.”
- “An inmate will receive comprehensive PREA orientation within 30 days of receipt if the inmate:
 - Has transferred to a new facility (not required if transfer is from a parent institution to satellite facility and vice versa),
 - Has been out to court for 30 days or more, or
 - Has been out of Department custody for 30 days or more.”

Upon completion of their time at the reception center, the inmates are transported to different facilities for their incarceration. Those that are assigned to LCCF arrive at an area outside of master control. The inmates are met at the bus by the classification team. Classification staff get the inmate files and medical staff are given the medical files. During intake, the inmates go through medical screening, classification, and are issued property. The inmates are initially housed in C pod. On average, classification can run from three days to two weeks. During the COVID-19 Pandemic, classification could sometimes take up to 21 days. Classification staff oversee the orientation process and makes sure all requirements are completed. There is one classification person who conducts the PREA training for the inmates.

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response states the following:

- “Inmates with recognized disabilities and Limited English Proficiency (LEP) shall be advised of the Department’s zero tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in accordance with the resources outlined in “Americans with Disabilities Act Provisions for Inmates,” Procedure 601.101 and other Department resources as appropriate. Resources include:
 - Closed captioning (deaf/hard of hearing);
 - Large print material (impaired vision);
 - Reading of materials to inmate(s) by staff (blind/limited mental capacity);
 - The Departments translator list (LEP);
 - Language Line services (LEP).”
- “LEP inmates should be provided PREA education in their primary language.”
- “All modifications to the PREA education process for LEP and disabled inmates should be documented on the “Acknowledgement of Receipt of Orientation on The Prison Rape Elimination Act (PREA) of 2003,” DC6-134C.
- “Inmates shall not be used as interpreters or readers except in exigent circumstances.”

While onsite, the auditor conducted 30 random inmate interviews and 4 targeted interviews. Two of the targeted interviews were with inmates who were LEP. The auditor informed the facility staff an interpreter would be needed for these two inmates and asked for the information for the Language Line. Facility staff misunderstood and a bilingual officer reported to the interview area. It was noted the facility has multiple bilingual staff that could be utilized to assist with interpreting. The auditor was provided with the information to utilize the Language Line. Both inmates were able to actively participate in the interview utilizing this service. Both inmates indicated they understood what their rights were under the PREA standards. Both acknowledged they had received information regarding the act during their incarceration.

The facility indicated through the PAQ that 678 inmates had been admitted to the facility during the reporting period and that all 678 had received the comprehensive information pertaining to the procedures and

resources at LCCF. The auditor requested “Acknowledgement of Orientation on the Prison Rape Elimination Act (PREA) of 2003” forms for 35 inmates.

Included in the PAQ were copies of the of facility’s PREA signage in English and Spanish. While conducting the site review, the auditor notified sufficient signage throughout the facility. During interviews with 34 inmates, all were aware of their rights and how to make a report.

The auditor requested and received copies of the “Acknowledgement of Receipt of Orientation on The Prison Rape Elimination Act (PREA) of 2003” form for 25 inmates. Each form was completed in entirety and signed by the inmate.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations

Findings:

FDC procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, states the following:

- "Absent mitigating factors, all allegations of inmate-on-inmate sexual harassment shall be referred to management for investigation and handling as management and/or disciplinary issues."
- "Aside from inmate-on-inmate sexual harassment, all other allegations of any inmate-on-inmate sex offense shall be investigated by the Office of Inspector General."
- "All allegations of staff on inmate sexual abuse, sexual harassment, and voyeurism shall be investigated by the Office of Inspector General. None shall be referred to management."

This standard and its provisions are not applicable at LCCF.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Health Services Bulletin 115.306, Post Sexual Battery Medical Action
- Specialized PREA Training Curriculum for Medical and Mental Health Professionals
- Training Transcripts
- SANE/SAFE Qualifications
- Interviews with Medical and Mental Health Care Staff

Findings:

115.35 (a) (c)

FDC Health Services Bulletin 115.306, Post Sexual Battery Medical Action states the following:

- “All medical and mental health care practitioners who work regularly in Department of Corrections facilities, including contracted staff, will be 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 of suspicions of sexual abuse and sexual harassment.

LCCF employs 16 staff who work in either medical or mental health care. The facility reported all 16 staff had completed specialized training in the PAQ. Included in the PAQ were the training rosters showing completion of specialized training by all relevant staff.

While onsite, the auditor randomly selected to interview one nurse who had started at the facility more recently. She reported she had not yet completed the specialized training. Regardless, that person and all other medical and mental health staff who were interviewed were able to articulate the requirements of this standard.

115.35 (b)

Included in the documentation was a training certificate for one staff person who completed training to be a Sexual Assault Nurse Examiner (SANE). This nurse would not conduct forensic examinations for inmates within the facility at this time. When there is a need for a forensic examination, the OIG dispatches a SART to the facility.

115.35 (d)

LCCF medical and mental health care practitioners are required to complete the same in-service training that is required for all staff. Training records were requested for the four staff from medical and mental health who were interviewed while onsite. All four staff had completed the general PREA training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No

- Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness?
 - Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 601.209, Reception Process- Initial Classification
- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- IBAS Factors and Score Report for all Inmates
- Sample Classification Contact Logs
- Interviews with Classification Staff
- Classification Contact Log Sheets

Findings:

115.41 (a) (b)

FDC procedure 601.209, Reception Process-Initial Classification, states the following:

- “Screening and Assessments: During the reception process, all inmates will be subject to the following guidelines, screening, and assessments: ...
 - Screening within 24 hours of arrival for potential mental and physical vulnerabilities that would jeopardize an inmate’s safety as well as for tendencies toward sexually aggressive

- behavior that could be harmful to other inmates in accordance with the Prison Rape Elimination Act of 2003 (PREA), P.L. 108-79, and appropriate ACA standard (housing assignments will be made accordingly); and
- Screening for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake in accordance with the Prison Rape Elimination Act National Standards, as well as to determine an initial Sexual Risk Indicator score.”

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response states the following:

- “Each time an inmate arrives at an institution, Health Services staff will screen the inmate upon arrival as soon as possible, and within 24 hours. This screening shall be conducted as part of the intake process to assess the inmate’s sexual orientation, including whether the inmate identifies as LGBTI, and whether the inmate has a mental, physical, or developmental disorder that requires particularized medical or mental health care.”
- “Classification will screen all inmates within 72 hours of intake. Characteristics such as the inmate’s age, criminal record, and prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or at risk of committing sexual abuse or sexual battery. If s/he is identified as a potential victim or abuser (perpetrator); housing, bed, and work assignments will be appropriately assigned based on known information and established protocol.”
- Within 30 days from the initial intake screening, the institution will reassess the inmate’s risk of victimization or abusiveness if additional information that bears on the inmate’s risk of sexual victimization or abusiveness.”

All inmates who reside at LCCF are transferred there from another facility. All initial screening are conducted at the reception center. Inmates at LCCF are screened confidentially by Classification staff and responses are documented within the Offender Based Information System (OBIS).

The facility reported within the PAQ 678 inmates had entered the facility through intake or transfer within the preceding 12 months.

The auditor randomly selected 25 files for review. All initial assessment and re-assessments were completed as required.

115.41 (c) (d) (e)

Inmate age, physical build, physical ability, mental ability, and developmental ability are considered as part of the IBAS Factors within the OBIS system. The assessment of these factors is completed by Health Services staff within 24 hours of intake. The remainder of the elements are part of the Sexual Risk Index (SRI) Questionnaire which is completed by Classification staff. During an interview with one of the Classification staff, it was stated that they attempt to complete the assessments within the first 24 hours after intake. The SRI includes the assessor’s perception of the inmate along with self-reported information and other known information. Each inmate is assigned two identifiers. Under IBAS, they can be listed as one of the following:

- Identified Predator
- Potential Predator
- Identified Prey
- Potential Prey
- Identified Neutral Zone

Under the SRI within OBIS, they can be listed as one of the following:

- High Aggression Risk
- Moderate Aggression Risk
- High Victimization Risk
- Moderate Victimization Risk
- Neutral Risk

These two scores are reviewed by staff to determine appropriate housing on an individualized basis.

115.41 (f) (g)

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response states the following:

- “An inmate’s risk level will be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.

The facility reported within the PAQ 678 inmates had entered the facility through intake or transfer within the preceding 12 months. In addition, they reported 678 inmates were reassessed within 30 days of intake.

During an interview with one of the classification staff, it was stated the SRI system, automatically schedules the 30-day reassessment of the inmate after the initial assessment is completed. For certain questions such as prior victimization, it will also set up appointments for treatment or medical.

The auditor randomly selected 25 inmate files for review. In each case, the re-assessment was completed in under 30 days after the intake assessment.

115.41 (h)

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response states the following:

- “Inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked during the risk screening.”

During an interview with a Classification staff, the auditor asked what would occur if an inmate would refuse to answer an assessment question such as the question that asks to disclose prior victimization. It was reported they try to explain why they need the information but, if they refuse, there is no discipline for the inmate for refusing.

115.41 (i)

Inmates are screened confidentially by Classification staff and responses are documented within the OBIS system. Information from the screening assessment, the factors, and score sheet are only available in OBIS to select departments as determined by their employee profile.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 601.209, Reception Process-Initial Classification
- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Sample IBAS Factors and Score Report
- Sample Classification Contact Logs
- Interviews with Classification Staff

Findings:

115.42 (a)

FDC procedure 601.209, Reception Process-Initial Classification, states the following:

- "Screening and Assessments: During the reception process, all inmates will be subject to the following guidelines, screening, and assessments: ...

- Screening within 24 hours of arrival for potential mental and physical vulnerabilities that would jeopardize an inmate's safety as well as for tendencies toward sexually aggressive behavior that could be harmful to other inmates in accordance with the Prison Rape Elimination Act of 2003 (PREA), P.L. 108-79, and appropriate ACA standard (housing assignments will be made accordingly); and
- Screening for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake in accordance with the Prison Rape Elimination Act National Standards, as well as to determine an initial Sexual Risk Indicator score."

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response states the following:

- "Inmates perceived to be vulnerable will be housed and given work/program assignments consistent with custody level and medical status. Inmates at high risk of victimization will not be involuntarily segregated unless an assessment of all other available alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers."
- "Inmates perceived to be predatory will be housed and given work/program assignments consistent with custody level and medical status."
- "Classification will screen all inmates within 72 hours of intake. Characteristics such as the inmate's age, criminal record, prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery. If s/he is identified as a potential victim or abuser (perpetrator); housing, bed, and work assignments will be appropriately assigned based on known information and established protocol."

As covered in 115.41, LCCF uses all available information to determine appropriate housing, bed, programming, educational, and work assignments. (See also 115.42 (b) for information on inmate SRI rating.)

115.42 (b)

Inmate age, physical build, physical ability, mental ability, and developmental ability are considered as part of the IBAS Factors within the OBIS system. The assessment of these factors is completed by Health Services staff within 24 hours of intake. The remainder of the elements are part of the Sexual Risk Index (SRI) Questionnaire which is completed by Classification staff. During an interview with one of the Classification staff, it was stated that they attempt to complete the assessments within the first 24 hours after intake. The SRI includes the assessor's perception of the inmate along with self-reported information and other known information. Each inmate is assigned two identifiers. Under IBAS, they can be listed as one of the following:

- Identified Predator
- Potential Predator
- Identified Prey
- Potential Prey
- Identified Neutral Zone

Under the SRI within OBIS, they can be listed as one of the following:

- High Aggression Risk
- Moderate Aggression Risk
- High Victimization Risk
- Moderate Victimization Risk
- Neutral Risk

These two scores are reviewed by staff to determine appropriate housing on an individualized basis.

115.42 (c)

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Housing for transgender and/or intersex inmates will be determined on a case-by-case basis. The inmate’s safety as well as the safety and security of the institutional compound will be taken into consideration when making the housing determination.”
- “During initial reception, an email will be automatically generated to the Warden when an inmate has identified as transgender and/or intersex during the assessment.
 - The Institutional Classification Team (ICT) as the Warden’s designee will utilize the “Transgender/Intersex Housing Determination” to determine whether the inmate should be housed at a male or female facility.
 - Should the ICT as the Warden’s designee make the determination that the inmate be housed at a gender facility that is not the same as the current facility population, the “Transgender/Intersex Housing Determination” will be emailed to the PREA Coordinator.
 - The PREA Coordinator will forward the “Transgender/Intersex Housing Determination” to the Director of Institutional Operations and Intelligence for final review and authorization of the move.”

LCCF is a contract facility for the Florida Department of Corrections. The facility does not have a choice in the housing for transgender and intersex inmates. If a transgender or intersex inmate was assigned to live within LCCF, staff would follow the procedures as dictated by FDC.

At the time of the onsite portion of the audit, the facility reported there were no transgender or intersex inmates within the facility. One the site review and during interviews with staff and residents, the auditor did not come across or hear about any inmates who were transgender or intersex at LCCF.

115.42 (d)

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Transgender inmates, intersex inmates will be assessed biannually by classification. An interview will be conducted as well as a review of their housing, program, and work assignments to determine if there are any necessary changes or threats to the inmate’s safety.

During an interview with Classification staff, it was reported that OBIS automatically schedules a reassessment for transgender or intersex inmates six months after an assessment is completed to ensure it is not missed.

115.42 (e)

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Facility and housing assignments shall be made on a case-by-case basis, considering the inmate’s health and safety as well as potential programming, management, and security concerns. An inmate’s own views regarding safety shall be given careful consideration.

At the time of the onsite portion of the audit, the facility reported there were no transgender or intersex inmates within the facility. One the site review and during interviews with staff and residents, the auditor did not come across or hear about any inmates who were transgender or intersex at LCCF. As a result, the auditor was not able to see this procedure in action at the facility.

115.42 (f)

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “An inmate who has identified as transgender and/or intersex during the SRI assessment shall be given the opportunity to shower separately from other inmates. The inmate’s preference will be documented on the risk assessment and inmate will be provided with a printout of their preference.”

At the time of the onsite portion of the audit, the facility reported there were no transgender or intersex inmates within the facility. One the site review and during interviews with staff and residents, the auditor did not come across or hear about any inmates who were transgender or intersex at LCCF. As a result, the auditor was not able to see this procedure in action at the facility.

115.42 (g)

During the onsite portion of the audit, the auditor requested a list of all inmates who are LGBTI be available the first day of the audit. The facility ran a “Non-Heterosexual Report” which contained four inmates who are bi-sexual. Two of these inmates reside in the same dorm but not the same cell. The other two men were housed in two other units within the facility.

LCCF is not subjects to any consent decrees, legal judgments, or legal settlements that would require housing those who are LGBTI in a dedicated facility, unit, or established wing.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization 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? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Rule 33-602.220, F.A.C., Administrative Confinement
- Specialized Interview: Warden
- Specialized Interview: Segregated Housing Supervisor
- Random and Targeted Inmate Interview
- Investigation Files

Finding:

115.43 (a)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Inmate victims of sexual abuse and/or sexual harassment will not be involuntarily segregated unless an assessment of all other available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers.
 - Upon notification of a PREA incident, the inmate victim will be immediately afforded the opportunity to indicate his/her housing preference on the “PREA Victim Housing Preference,” DC6-2084. If the inmate indicates that s/he would like to be housed in Administrative Confinement, the inmate is longer involuntarily segregated and thus may be placed in administrative confinement pursuant to the provisions of “Administrative Confinement,” Rule 33-302.220, FAC.

The facility reporting within the PAQ that no inmates had been held in involuntary segregated housing during the reporting period. During the interview with the Warden and with a supervisor for the Administrative Segregation Unit, both indicated Administrative Segregation is not utilized for involuntary segregation. In interviews with the random and targeted interviews and during informal conversations while in the facility, there does not appear to be any cases of involuntary segregation that were not reported.

115.43 (b)

Rule 33-602.220, FAC, Administrative Confinement, allows for specific conditions and privileges. The full text of this rule is available at <http://frules.elaws.us/fac/33-602.220>. There is no mention of work opportunities other than potential work cleaning within the unit. However, if the inmate would be housed in involuntary segregation, it would be due to the fact there are safety concerns about the inmate bring among the general population so out of unit opportunities would most likely have to be limited.

115.43 (c)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- If the inmate indicates s/he wants to remain in general population and it has been determined that there are no available alternative means of separation from likely abusers, the inmate may be placed in administrative confinement pursuant to the provision of “Administrative Confinement,” Rule 33.302.220, FAC. The Institutional Classification Team will then conduct a 72-hour review of the names PREA victim. The ICT will further review the inmate and the allegation, verify the inmate’s housing preference, and reassess the availability of any alternative housing. If the inmate victim remains involuntarily segregated ICT will ensure proper documentation is placed in OBIS related to the basis of the facilities concern for the inmate’s safety and why no alternative mean of separation can be arranged.”

Rule 33-602.220, FAC, Administrative Confinement, states the following:

- “If an inmate is confined for more than 30 days, the ICT shall interview the inmate and shall prepare a formal assessment and evaluation report after each 30-day period in administration confinement. Such reports may be in a brief paragraph form detailing the basis for confinement, what has transpired since the last report, the decision concerning continued confinement and the basis for that decision.”

115.43 (d)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- If the inmate indicates s/he wants to remain in general population and it has been determined that there are no available alternative means of separation from likely abusers, the inmate may be placed in administrative confinement pursuant to the provision of “Administrative Confinement,” Rule 33.302.220, FAC. The Institutional Classification Team will then conduct a 72-hour review of the names PREA victim. The ICT will further review the inmate and the allegation, verify the inmate’s housing preference, and reassess the availability of any alternative housing. If the inmate victim remains involuntarily segregated ICT will ensure proper documentation is placed in OBIS related to the basis of the facilities concern for the inmate’s safety and why no alternative mean of separation can be arranged.”

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Rule 33-103.006, FAC; Formal Grievance- Institution or Facility Level
- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Inmate Orientation Handbook (English and Spanish)
- FDC Form DC1-303, Request for Administrative Remedy or Appeal
- FDC Website: <http://www.dc.state.fl.us/prea/index.html>
- Specialized and Random Staff Interviews
- Targeted and Random Inmate Interview
- Site Review Observations
- Investigation Files

Findings:

115.51 (a) (b) (c) (d)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following.

- “The following methods are available for inmates and offenders to report incidents of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment:
 - A verbal report to any staff member, volunteer, or contractor;
 - Call the TIPS line (telephone number withheld from report);
 - Filing an “Inmate Request,” DC6-236;
 - Filing an informal and/or formal grievance;
 - Having a family member, friend, or other member of the public fill out the online Citizen’s Complaint form;
 - Having a family member, friend, or other member of the public submit a third-party grievance;
 - Write or email the Office of the Inspector General;

- Write of email the PREA Coordinator.

The Inmate Handbook states the following:

- There are multiple way to report sexual assault, sexual battery, and/or sexual harassment. You may:
 - Verbally or in writing, notify any staff member or volunteer;
 - Dial the reporting hotline at (number withheld from report) from any inmate phone;
 - Forward a letter, sealed and marked confidential to the Warden or another employee;
 - Submit a report as an inmate grievance on Form DC1-303 or DC6-236;
 - Forward a letter to the CoreCivic Managing Director, Facility Director, at the following address: (address withheld from report);
 - Forward a letter to the contracted victim advocacy service at the following address: (address withheld from report.)
 - Call or write someone outside of the facility who can notify facility staff by:
 - Reporting directly to facility staff in person, by phone, or via email
 - Calling the Third-Party Reporting Hotline at (number withheld from report)
 - Obtaining Form DC1-303 from the facility or online at www.dc.state.fl.us/oth/inmates/prea-grievance.html and completing the form as a Third-Party Reporter.

During interviews with staff at the facility, they were able to articulate the multiple ways that inmates were allowed to use to make a report of sexual abuse and/or sexual harassment. In addition, when asked how they would be able to make a report anonymously, facility staff stated they would utilize the CoreCivic Ethics Line if they had a concern and they did not feel comfortable reporting to facility leadership.

LCCF does not house inmates solely for immigration purposes. The facility only houses adult male youthful offenders who are in the custody of FDC.

During interviews with the inmates, there was only one inmate who stated he would not make a report if something happened to him. All other inmates reported they would choose one of the variety of options. The majority of the inmates stated they would either talk to staff or use the hotline.

The auditor reviewed the investigative files provided by the facility for the reporting period. One of the allegations was reported utilizing an inmate request form which was given to an officer. The other allegation was a written statement given to an officer.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Rule 33-103.005, FAC; Informal Grievances
- Rule 33-103.006, FAC; Formal Grievance- Institution or Facility Level
- Rule 33-103.007, FAC; Appeals and Direct Grievances to the Office of the Secretary
- Sample Inmate Grievance and DC6-210, Incident Report with Immediate Response
- Investigation Files

Findings:

115.52 (a)

LCCF is not exempt from this standard. They have processes in place to accept reports of allegations through the grievance process.

During the reporting period, LCCF had no allegations of sexual abuse reported by inmates or through a third-party utilizing the grievance procedures. As a result, the auditor had no documentation that could be reviewed for this standard.

115.52 (b).

Rule 33-103.005, FAC; Informal Grievances, states the following:

- “Inmates may skip this step and initiate the process at the formal level for issues pertaining to the following: grievance of an emergency nature, grievance of reprisal, ... and grievances regarding allegations of sexual abuse as defined in subsection 33-103.002(17), FAC.”

Rule 33-103.006, FAC; Formal Grievance- Institution or Facility Level, states the following:

- “There is no time limit on when an inmate or third party may initiate a grievance regarding allegations of sexual abuse.”

Lake City Correctional Facility Inmate Orientation Handbook states the following:

- “The Informal Grievance may be omitted in the following situations: ... Reporting of Sexual Abuse/Battery/Harassment...”
- “Filing:
 - There is no time limit for the reporting of sexual abuse, sexual battery, sexual assault, or sexual harassment.”

115.52 (c)

Rule 33-103.006, FAC; Formal Grievance- Institution or Facility Level, states the following:

- “Inmates filing grievances alleging sexual abuse shall not be instructed to file to the grievance to the individual(s) who are the subject(s) of the complaint. Additionally, grievances of the nature shall not be referred to the subject(s) of the complaint.”

115.52 (d)

Rule 33-103.006, FAC; Formal Grievance- Institution or Facility Level, states the following:

- “Following investigation and evaluation by the reviewing authority as defined in paragraph 33-103.002(15), FAC, a response shall be provided to the inmate within 20 calendar days of receipt of the grievance as required by paragraph 33-103.011(3)(b), FAC. The degree of investigation is determined by the complexity of the issue and the content of the grievance. The response shall state whether the grievance is approved, denied, or being returned and shall also state the reasons for approval, denial, or return.”
- “The Department shall claim an extension of time to respond, up to 70 days, if the normal time period for response is insufficient to make an appropriate decision due to the need for additional

investigation. The inmate shall be notified in writing of the extension and a date by which a decision will be made.”

115.52 (e)

Rule 33-103.006, FAC; Formal Grievance- Institution or Facility Level, states the following:

- “Third parties, including fellow inmates, staff members, family members, attorney, and outside advocates, shall be permitted to assist inmates in filing grievances alleging sexual abuse. Third parties are also permitted to file such grievances on behalf of the inmates.”
- “When third parties initiate a sexual abuse grievance, the inmate will be notified by institutional staff. A staff member shall interview the inmate within 2 business days of receipt of the third-party grievance alleging sexual abuse. During this interview, the inmate shall elect to allow the grievance to proceed or request that the grievance be stopped by completing the top half of Form DC6-236, Inmate Request, stating whether he elects for the grievance to proceed or be stopped. The institution shall document the inmate’s desire to either allow or refuse the grievance to proceed or be stopped under the response section of Form DC6-236. Form DC6-236 is incorporated by reference in rule 33-103.005, FAC. A copy of the Inmate Request will be placed in the inmate’s file. If the inmate refuses to allow the grievance to proceed on their behalf, staff will also document the refusal in IGLOGS and designate the grievance as “withdrawn.” IGLOGS is the Inspector General Office Log System (Database) that is utilized to store and maintain log numbers, dates, responses, dispositions, and other relevant data on all inmate formal grievances and appeals. If the inmate agrees to let the grievance filed by a third party proceed, staff shall log the third-party grievance alleging sexual abuse and provide a receipt to the inmate. The response will be provided to the inmate. If the inmate is unsatisfied with the reports to the formal grievance, they may file an appeal on Form DC1-303. The third party who initiated the formal grievance cannot appeal the decision when it is rendered. Staff shall notify the third-party filer of the disposition rendered on the grievance.”

115.52 (f)

Rule 33-103.006, FAC; Formal Grievance- Institution or Facility Level, states the following:

- “An inmate may file an emergency grievance if they believe they are subject to a substantial risk of imminent sexual abuse.”
- “When receiving an emergency grievance from an inmate expressing belief they are subject to substantial risk of imminent sexual abuse the institution must take immediate corrective action. Staff handling this grievance shall provide an immediate response within 48 hours and shall issue a final decision within 5 calendar days from receipt of the grievance. The final decision will document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.”

115.52 (g)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “When it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, the inmate shall be subject to discipline.”

During the reporting period, there were no instances of an inmate filling a sexual abuse report utilizing the grievance system.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- MOU with Another Way Inc.

- NI1-120 FDC Sexual Abuse Awareness Brochure (English and Spanish)
- PREA Posters
- Targeted and Random Inmate Interviews

Findings:

115.53 (a) (b)

FDC procedure 602.053, Prison Rape: Detection, Prevention, and Response, states the following:

- “Any inmate who alleges sexual abuse or sexual battery shall be given a copy of NI1-120 and advised of her/his right to access crisis intervention services, to have a forensic examination, and to have a victim advocate present during the forensic examination and/or investigative interview, if s/he chooses. The provision of the NI1-210 and the advisement or rights shall be documented on a DC6-210.”

NI1-120 FDC Sexual Abuse Awareness Brochure states the following:

- “The Medical Department will provide telephone access to the victim advocate. If you would like to speak to an advocate, you should declare a mental health emergency and tell medical/mental health staff of your desire to speak to a victim advocate.
- “Write to: Another Way, Inc (address withheld from report)”

The MOU between Another Way Inc and CoreCivic states the following:

- “Respect the nature of privileged communication between certified crisis counselors and the inmates.”

The facility signage includes the contact information for Another Way, Inc that is included in the brochure.

If an inmate would report a mental health crisis and asked to speak with an advocate, the inmate would be permitted to utilize a staff phone within the medical department to complete this call. These phone lines are not recorded.

115.53 (c)

CoreCivic has a Memorandum of Understanding (MOU) with Another Way, Inc which provides for advocacy services for inmates of LCCF. At this time, the current MOU provides for services during the forensic medical examination. CoreCivic began the process of updating the MOU to include the telephone/in person advocacy services that are available to the inmates of LCCF. At the time of this writing, the expanded MOU has not been executed. However, Another Way, Inc is providing these services if they are needed.

Recommendation: Execute an updated MOU with Another Way, Inc as soon as possible that outlines all services provided to the inmates.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Rule 33-103.006, FAC; Formal Grievance- Institution or Facility Level
- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- FDC Website: <http://www.dc.state.fl.us/prea/index.html>
- CoreCivic's Website Page for LCCF <https://www.corecivic.com/facilities/lake-city-correctional-facility>
- Investigation Files

Findings:

115.54 (a)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- "The following methods are available for inmates and offenders to report incidents of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment: ...
 - Having a family member, friend or other member of the public fill out the online Citizen's Complaint Form;
 - Having a family member, friend, or other member of the public submit a third-party grievance."

Rule 33-103.006, FAC; Formal Grievance- Institution or Facility Level, states the following:

- "Third parties, including fellow inmates, staff members, family members, attorney, and outside advocates, shall be permitted to assist inmates in filing grievances alleging sexual abuse. Third parties are also permitted to file such grievances on behalf of the inmates."
- "When third parties initiate a sexual abuse grievance, the inmate will be notified by institutional staff. A staff member shall interview the inmate within 2 business days of receipt of the third-party grievance alleging sexual abuse. During this interview, the inmate shall elect to allow the grievance to proceed or request that the grievance be stopped by completing the top half of Form DC6-236, Inmate Request, stating whether he elects for the grievance to proceed or be stopped. The institution shall document the inmate's desire to either allow or refuse the grievance to proceed or be stopped under the response section of Form DC6-236. Form DC6-236 is incorporated by reference in rule 33-103.005, FAC. A copy of the Inmate Request will be placed in the inmate's file. If the inmate refuses to allow the grievance to proceed on their behalf, staff will also document the refusal in IGLOGS and designate the grievance as "withdrawn." IGLOGS is the Inspector General Office Log System (Database) that is utilized to store and maintain log numbers, dates, responses, dispositions, and other relevant data on all inmate formal grievances and appeals. If the inmate agrees to let the grievance filed by a third party proceed, staff shall log the third-party grievance alleging sexual abuse and provide a receipt to the inmate. The response will be provided to the inmate. If the inmate is unsatisfied with the reports to the formal grievance, they may file an appeal on Form DC1-303. The third party who initiated the formal grievance cannot appeal the decision

when it is rendered. Staff shall notify the third-party filer of the disposition rendered on the grievance.”

Review of the FDC website includes both instructions for the filing of a third-party grievance as well as the form needed to file the grievance.

In addition, upon review of the CoreCivic website page for LCCF, there are three reporting options available to the public. The phone number for the facility is provided, the phone number for CoreCivic’s Ethics and Compliance Hotline is provided, and the phone number for an Anonymous Tip Line is provided.

The auditor reviewed the investigation files for the reporting period. No allegations were received from a third party.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- 794.027, Florida Statutes, Duty to Report Sexual Battery; Penalties (<https://m.flsenate.gov/Statutes/794.027>)
- 944.35, Florida Statutes, Authorized Use of Force; Malicious Battery and Sexual Misconduct Prohibited; Reporting Required; Penalties (<https://m.flsenate.gov/Statutes/944.35>)
- 415.1034, Mandatory Reporting of Abuse, Neglect, and Exploitation of Vulnerable Adults; Mandatory Reports of Death (<https://m.flsenate.gov/Statutes/415.1034>)
- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Sample Report
- MINS Report Showing Referral to Designated Investigators
- Interviews with Random Staff
- Specialized Interview: Medical and Mental Health Staff (4)
- Specialized Interview: Warden
- Specialized Interview: PREA Coordinator
- Investigation Files

Finding:

115.61 (a)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- "Any employee, volunteer, or contractor who observes, has knowledge of, or receives information, written or verbal (either firsthand or from a third party), regarding the fear of, coercion into. Or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify

the Shift Supervisor, the Chief of Security, the Warden, or the Office of the Inspector General, who will then take immediate steps to evaluate the inmate's concern/allegation. The authority notified will ensure proper medical treatment (if applicable) and mental health treatment are obtained. An investigation will be initiated in accordance with "Investigative Process," Procedure 108.015."

- "An employee who fails to report or take immediate action regarding these incidents, or intentionally manifest actions to embarrass, demean, or humiliate any victim or informant, or trivializes a report of sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will be subject to discipline, up to and including termination."

Florida statute 944.35 states that an employee who witnesses or has reasonable cause to suspect that an inmate has been abused or has been a victim of sexual misconduct shall complete a report and provide it to the Inspector General and the facility warden or regional administrator. If the employee does not report or stops another person from reporting, they are committing of a misdemeanor of the first degree. If the employee knowingly submits a report that is inaccurate, incomplete, or untruthful, is committing a misdemeanor of the first degree.

Florida statute 794.027 states that a person who observes the commission of a crime of sexual battery, can get assistance without risk of harm to themselves, and who is not related to the perpetrator but chooses not to seek assistance is guilty of a misdemeanor of the first degree.

During the interviews of specialized and random staff at the facility, all staff were aware of the requirement to report all knowledge, suspicion, and information pertaining to allegations of sexual abuse and/or sexual harassment. They also acknowledged that they were aware of the requirement to reports any retaliation as well as any staff neglect or violation of duties that may have led to an incident.

115.61 (b)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- "Staff will not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.

During interviews with specialized and random staff, all indicated they would not share information pertaining to an investigation to anyone without a legitimate need to know such as a supervisor who was initiating the coordinated response, the OIG Investigator, or medical/mental health staff who were providing services to the inmate as a result of the event.

115.61 (c)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- "Any employee, volunteer, or contractor who observes, has knowledge of, or receives information, written or verbal (either firsthand or from a third party), regarding the fear of, coercion into. Or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify the Shift Supervisor, the Chief of Security, the Warden, or the Office of the Inspector General, who will then take immediate steps to evaluate the inmate's concern/allegation. The authority notified will ensure proper medical treatment (if applicable) and mental health treatment are obtained. An investigation will be initiated in accordance with "Investigative Process," Procedure 108.015."
- "An employee who fails to report or take immediate action regarding these incidents, or intentionally manifest actions to embarrass, demean, or humiliate any victim or informant, or trivializes a report of sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will be subject to discipline, up to and including termination."

Interviews with specialized staff who work within the medical and mental health departments indicated the residents are informed of the limits to confidentiality during their orientation to the facility. They all stated that anything pertaining to sexual abuse or sexual harassment that occurred within the facility would be reported to the officer in charge.

115.61 (d)

Florida statute 415.1035 covers mandatory reporting requirements on behalf of vulnerable adults. It states that correctional staff (state, county, or municipal criminal justice employee or law enforcement officer) who knows or has reasonable cause to suspect a vulnerable adult has been abused, neglected, or exploited must immediately report to the central abuse hotline.

During the reporting period, there were no instances of where there was a victim who was considered to be a vulnerable adult so there was no documentation showing the report the auditor could review.

115.61 (e)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Any employee, volunteer, or contractor who observes, has knowledge of, or receives information, written or verbal (either firsthand or from a third party), regarding the fear of, coercion into, or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify the Shift Supervisor, the Chief of Security, the Warden, or the Office of the Inspector General, who will then take immediate steps to evaluate the inmate’s concern/allegation. The authority notified will ensure proper medical treatment (if applicable) and mental health treatment are obtained. An investigation will be initiated in accordance with “Investigative Process,” Procedure 108.015.”

During the specialized interview with the Warden, he indicated all allegations of sexual abuse are reported to the Office of the Inspector General for administrative and criminal investigation.

The auditor reviewed the investigation files for the two allegations that occurred during the reporting period. In each case, the case file included a PREA checklist that is completed by the officer in charge. All actions taken in response to the allegation, are checked off as they are completed.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Specialized Interview: Warden
- Interviews with Random Staff
- Investigation Files

Findings:

115.62 (a)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Any employee, volunteer, or contractor who observes, has knowledge of, or receives information, written or verbal (either firsthand or from a third party), regarding the fear of, coercion into, or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify the Shift Supervisor, the Chief of Security, the Warden, or the Office of the Inspector General, who will then take immediate steps to evaluate the inmate’s concern/allegation. The authority notified will ensure proper medical treatment (if applicable) and mental health treatment are obtained. An investigation will be initiated in accordance with “Investigative Process,” Procedure 108.003 and “Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigation,” Procedure 108.015.”

During the specialized interview with the Warden, he reported that if a report would come in stating an inmate is at substantial risk of imminent sexual abuse, the facility would immediately initiate the facility coordinated response. The inmate would be separated from the alleged perpetrator without placing him within involuntary segregation and the rest of the coordinated response plan would proceed.

In interviews with random staff, they all indicated they would immediately separate the inmate from the area and keep them with them until more information could be obtained and next steps decided on by a supervisor or the officer in charge.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Specialized Interview: Warden

Findings:

115.63 (a) (b) (c) (d)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “If staff at a receiving institution receives information that sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment occurred at another institution, the receiving institutions Warden shall notify the sending Warden within 72 hours of receiving the allegation. The notification shall be documented on a DC6-210.”
- “The receiving institution, where the allegation is reported, will be responsible for contacting EAC, completing a DC6-210, and entering the appropriate information into MINS for appropriate handling.”

During the specialized interview with the Warden, he reported he has not received any notifications of incidents that may have occurred within LCCF that were reported at another facility. He also stated he has not had to make any reports to another facility of any allegations.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: 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, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: 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, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- DC6-210, Incident Report Indicating First Responder Action
- OBIS IM29 Printout Indicating Housing Agreement
- Interviews with Specialized and Random Staff
- Investigation Files

Findings:

115.64 (a) (b)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Upon learning of an inmate sexual abuse or sexual battery allegation or incident, the first security staff member to respond to the report shall be required to:
 - Separate the alleged victim from the abuser;
 - Preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence;
 - If the alleged 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 but not limited to, washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating;
 - If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence, including but not limited to, washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating; and
 - If the first responder is not a security staff member, request that the alleged victim not take any action that could destroy physical evidence and then notify security staff.

The auditor reviewed the investigation files for the reporting period. In the first case, the allegation was submitted on an inmate request form. The victim was escorted to the medical department and reported he had not filled out the inmate request form. In the second case, staff separated the victim from the alleged abuser and the victim requested to be placed into protective custody due to fear for his safety. (The alleged perpetrator was reported to be a gang member.) There was no need for crime scene preservation for two reasons: 1) the act would not have resulted in injury or the deposit of evidence; 2) the act occurred approximately two months prior to the report being made at the facility. However, a medical assessment of the inmate was still completed by the facility medical staff.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Lake City Correctional Facility PREA Coordinated Response
- Specialized Interview: Warden
- Investigation Files

Findings:

115.65 (a)

LCCF has a comprehensive PREA Coordinated Response plan. All actions after the initial report, are driven by either the shift supervisor or Chief of Security. The plan covers the first responder duties, documentation requirements, OIG notification, medical response, and mental health response.

The auditor reviewed the investigation files for the two allegations that occurred within the reporting period. In each case, the facility staff followed the coordinated response plan.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Findings:

115.66 (a)

LCCF has not entered into any collective bargaining agreements so this standard is not applicable.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDOC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Sample MINS Report
- OBIS IM29 Printout Indicating Housing Assignments
- OBIS IM02 and IM03 Printout Indicating Retaliation Monitoring
- Specialized Interview: Warden
- Specialized Interview: Retaliation Monitor
- Investigation Files

Findings:

115.67 (a)

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- Inmates and/or staff who report sexual abuse will be monitored for retaliation for at least 90 days, with at least three contact status checks to occur within the 90-day monitoring at the 30-, 60, and 90-day marks from the date of the allegation.
 - Conduct, including a review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments, and demeanor will be reviewed along with the periodic status checks. For auditing purposes, it is the responsibility of the originating facility.
 - If an inmate is transferred during the 90-day monitoring period, it is the receiving institutions' procedural responsibility to continue monitoring the inmate for the remainder of the 90-day period.
 - Although monitoring shall continue for at least 90 days, if during this period, the investigation has determined the allegation to be unfounded, monitoring may cease."

LCCF has a staff person who is charged to conduct retaliation monitoring. An interview was conducted with him while the auditor was onsite.

115.67 (b) (c) (d) (e)

The retaliation monitoring procedure utilized by LCCF is above under 115.67 (a). During the interview with the staff person charged with conduct retaliation monitoring. The monitor indicated retaliation monitoring occurs within the facility for a minimum of 90 days. If there were concerns that came forward, the monitoring could be extended for as long as necessary. As part of retaliation monitoring, he does the following:

- Primary to initial interview, checks for any hearing or other impairment as well as primary language.
- In person contacts with the person at 30-, 60-, and 90 days following the allegation.
- Review of disciplinary reports looking for any that may be linked to the report.
- Watching for changes in the person's behavior.
- Review for any housing changes, programming changes, job changes, or custody level changes that may be linked to the allegation.

If an issue would be reported, steps would be taken to investigate the incident. If housing changes or another remedy would be needed, it would be staffed. Every effort would be taken to ensure the safety of the inmate.

The auditor reviewed the investigation files for the two allegations that occurred within the reporting period. Included with each file, was the date stamped information that was entered into the computer system showing checks at the time the allegation was made, at 30, 60, and 90 days.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Rule 33-602.220, FAC, Administrative Confinement
- FDOC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- MINS Report
- DC6-2084 PREA Victim Housing Preference
- OBIS IM02 Printout Indicating ICT Review
- OBIS IM29 Printout Indicating Housing Assignments
- Specialized Interview: Warden
- Specialized Interview: Administrative Segregation Supervisor

Findings:

115.68(a)

FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- "Inmate victims of sexual abuse and/or sexual harassment will not be involuntarily segregated unless an assessment of all other available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers.
 - Upon notification of a PREA incident, the inmate victim will be immediately afforded the opportunity to indicate his/her housing preference on the "PREA Victim Housing Preference," DC6-2084. If the inmate indicates that s/he would like to be housed in Administrative Confinement, the inmate is longer involuntarily segregated and thus may be placed in administrative confinement pursuant to the provisions of "Administrative Confinement," Rule 33-302.220, FAC."
 - "If the inmate indicates s/he wants to remain in general population and it has been determined that there are no available alternative means of separation from likely abusers, the inmate may be placed in administrative confinement pursuant to the provision of "Administrative Confinement," Rule 33.302.220, FAC. The Institutional Classification Team will then conduct a 72-hour review of the names PREA victim. The ICT will further review the inmate and the allegation, verify the inmate's housing preference, and reassess the

availability of any alternative housing. If the inmate victim remains involuntarily segregated ICT will ensure proper documentation is placed in OBIS related to the basis of the facilities concern for the inmate's safety and why no alternative mean of separation can be arranged.”

During specialized interviews with the Administrative Segregation Supervisor and also with the Warden, both indicated inmates are never held in involuntary segregation at LCCF.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Statute 944.31, FS; Inspector General, Inspectors, Power and Duties
- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- FDC Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations
- Specialized Interview: Warden
- Specialized Interview: PREA Coordinator
- Specialized Interview: PREA Compliance Manager
- Specialized Interview: Investigator
- Investigation Files

Findings:

115.71 (a)

Statute 944.31, Inspector General; Inspectors; Powers and Duties, states the following:

- “The inspector general shall be responsible for prison inspection and investigation, internal affairs investigations, and management reviews. The office of the inspector general shall be charged with the duty of inspecting the penal and correctional systems of the state.”
- “The inspector general and inspectors shall be responsible for criminal and administrative investigation of matters relating to the Department of Corrections. The secretary may designate persons within the office of the inspector general as law enforcement officers to conduct any criminal investigation that occurs on property owned or leased by the department or involves matters over which the department has jurisdiction.”

All allegations of sexual abuse and sexual harassment that occur at LCCF are reported to the OIG. All allegations of sexual abuse, whether inmate on inmate or staff on inmate, are investigated criminally and administratively by the OIG. Staff on inmate allegations of sexual harassment are investigated criminally and administratively by the OIG. Allegations that are determined to be unsubstantiated or unfounded will be referred back to the institution. Facility staff are responsible for notifying the victim of the outcome using the “Inmate Notification Administration Investigation Outcome,” DC6-2080.

Inmate on inmate allegations of sexual harassment are generally returned to management (RM) by the OIG and the administrative investigation is conducted by the facility investigator. These administrative reports are completed on a “PREA Investigative Report,” DC6-2079. Upon the conclusion of an investigation, facility staff are responsible for notifying the victim of the outcome of the investigation utilizing the “Inmate Notification Administration Investigation Outcome,” DC6-2080. This form is forwarded to the PREA Coordinator.

For all allegations investigated by the OIG, the facility investigator is the point of contact if they need assistance with setting up interviews or any other tasks. The facility investigator is responsible for keeping abreast of the status of the investigation.

FDC Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, outlines the following elements:

- Specific Procedures and Guidelines
- Incidents on Institutional Grounds
- Incidents on Department Property other than Institutional Grounds
- Inspector Responsibilities
- Reporting Investigative Findings to the Victims
- Records Retention
- Specialized Training Investigations

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 108.003, Investigative Process
- MINS Report

Findings:

115.72 (a)

FDC Procedure 108.003, Investigative Process, states the following:

- “Exonerated, where used herein, refers to a finding in an administrative case for which a preponderance of evidence exists to suggest the subject’s behavior or action did occur and was consistent with Department procedure, rule, or other authority.”
- “Not Sustained, where used herein, refers to a finding in an administrative case for which a preponderance of evidence does not reasonably establish the subject’s behavior or action either complied with or violated or was contrary to Department procedure, rule, or other authority.”
- “Policy Deficiency, where used herein, refers to a finding in an administrative case for which a preponderance of evidence suggests the subject’s behavior or action did occur and was wither appropriate or morally correct, but is not addressed by Department procedure, rule, or other authority or an action Department management does not condone, but is not a violation of a Department procedure, rule, or other authority.”
- “Preponderance of Evidence, where used herein, refers to the greater weight of evidence, not necessarily established by the greater number of witnesses testifying to a fact, but by evidence that has the most convincing force; superior evidentiary weight that although not sufficient to free the wholly from all reasonable doubt, remains sufficient to incline a fair and impartial mind to one side of the issue rather than the other; evidence which indicates the behavior, action, or incident likely occurred than did not.”
- “Sustained, where used herein, refers to a finding in an administrative case for which a preponderance of evidence exists to suggest the subject’s behavior or action did occur and was contrary to Department procedure, rule, or other authority.”
- “Unfounded, where used herein, refers to, in an administrative context, a finding in an administrative case for which a preponderance of evidence exists to suggest the subject’s behavior or action did not occur and, in a criminal context, a disposition of a criminal case for which a preponderance of the evidence exists to suggest the suspect’s alleged behavior or action did not occur.”

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer employed at the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:
The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:
The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- FDC Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations

Findings:

115.73

DC Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, states the following:

- “The case Inspector, Inspector Supervisor, or designee shall notice any victim inmate the following pertaining to any PREA allegation:
 - When the Department learns the alleged abuser has been indicated on a charge related to sexual abuse; or
 - When the Department learns that the alleged abused was convicted on a charge related to sexual abuse.

FDC procedure 602.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Unless the allegation is unfounded, following an inmate’s allegation that a staff member has committed sexual abuse against him/her, the Warden or her/his designee shall inform the inmate via an “Inmate Notification PREA Staff Allegation,” DC6-2081, whenever the staff member is no longer:
 - Assigned to the facility; or
 - Employed with the Department.”

All allegations of sexual abuse and sexual harassment that occur at LCCF are reported to the OIG. All allegations of sexual abuse, whether inmate on inmate or staff on inmate, are investigated criminally and administratively by the OIG. Staff on inmate allegations of sexual harassment are investigated criminally and administratively by the OIG. Allegations that are determined to be unsubstantiated or unfounded will be referred back to the institution. Facility staff are responsible for notifying the victim of the outcome using the “Inmate Notification Administration Investigation Outcome,” DC6-2080.

Inmate on inmate allegations of sexual harassment are generally returned to management (RM) by the OIG and the administrative investigation is conducted by the facility investigator. These administrative reports are completed on a “PREA Investigative Report,” DC6-2079. Upon the conclusion of an investigation, facility staff are responsible for notifying the victim of the outcome of the investigation utilizing the “Inmate Notification Administration Investigation Outcome,” DC6-2080. This form is forwarded to the PREA Coordinator.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Agency Policy Supplement 602.053
 - 14-2 Sexual Abuse Prevention and Response

Findings:

115.76 (a)

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- "Employees shall be subject to disciplinary sanctions up to and including termination for violating CCA's sexual abuse or sexual harassment policies."

115.76 (b)

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- “Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.”

115.76 (c)

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- Disciplinary sanctions for violations of CCA policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.”

115.76 (d)

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- All terminations for violations of CCA sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

LCCF has not any allegations against staff that warranted disciplinary sanctions against staff. There was one allegation against staff that was submitted to staff via an inmate request form. The victim was escorted to medical and, once he had arrived there and was asked for further details, he reported he had not written the request.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making the compliance determination:

- Agency Policy Supplement 602.053
 - 14-2 Sexual Abuse Prevention and Response
- Investigation Files

Findings:

115.77

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- “Civilians/Contractors
 - Any civilian or contractor who engages in sexual abuse shall be prohibited from contact with inmates/residents and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violation of CCA sexual abuse or sexual harassment policies by a civilian or contractor will result in further prohibitions.”

No volunteer or contractor has been alleged or found to have engaged in sexual abuse or sexual harassment for the reporting period.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Rule 33-601.301, FAC; Inmate Discipline- Genera; Policy
- Rule 33-601.014, FAC; Rules of Prohibited Conduct and Penalties for Infractions
- Rule 33-602.222, FAC; Disciplinary Confinement
- Lake City Correctional Facility PREA Coordinated Response
- Specialized Interview: Warden
- Specialized Interviews: Medical and Mental Health Staff

- Investigation Files

Findings:

115.78 (a) (b) (c)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Inmate(s) who have been found guilty of sexual abuse, sexual battery, sexual harassment, through the course of either internal or external hearings will be processed in accordance with “Disciplinary Confinement,” Rule 33-602.222, FAC Unless otherwise ordered through judicial or administrative process.

Disciplinary sanctions for inmates have set maximums based on Rule 33-601.314. For example, the maximum penalty for sexual battery or sexual battery is 60 days of disciplinary confinement plus up to all the inmate’s gain time can be taken away.

During the reporting period, the facility reported there were no criminal or administrative findings of guilt for inmate-on-inmate sexual abuse so documentation was available for review.

115.78 (d)

LCCF PREA Coordinated Response includes that mental health staff shall ensure that inmate victims and/or perpetrators receive appropriate services. During the interviews with mental health staff, they reported they provide individual sessions for those who have perpetrated sexual abuse. They stated victims would receive crisis services.

115.78 (e)

Inmates who engage in sexual activity with a staff person against the staff person’s wishes would be disciplined under the sanctions outlined under Rule 33-601.314.

115.78 (f)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “When it is determined that an inmate filed a PREA report in bad faith, i.e., knowingly filed a false report, that inmate shall be subject to discipline.”

During the reporting period, the facility reported there were no inmates who received discipline as a result of a report made in bad faith.

115.78 (g)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Sexual Abuse, where used herein, refers to: any unwanted or coerced act by an inmate against another inmate, without the inmate’s consent, or where the coercion into the act is by overt or implied threats or violence...”

Based on the definition in the guiding procedure, a consensual relationship between two inmates would not be considered to be sexual abuse.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Specialized Interview: Staff Responsible for Risk Screening
- Specialized Interview: Medical and Mental Health Staff

Findings:

115.81

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Medical and Mental Health Care: If results of an SRI assessment or medical assessment indicate that an inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening.
 - The provision of any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law.
 - If during a screening or services, medical or mental health practitioners gain knowledge of sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment that did not occur in an institutional setting they shall obtain informed consent from the inmate before reporting the information, unless the inmate is under the age of 18. This informed consent shall be documented as received on DC6-210.”

During the interview with the classification staff, he reported when inmates answer yes to questions about prior victimization or predation, the system automatically schedules appointments with them for medical and mental health services.

Medical and mental health staff reported that information pertaining to an inmate's medical and mental health information is not shared with other areas unless it is relevant for programming or security. The exception to this is if an inmate would report a current victimization within LCCF.

During the reporting period, LCCF did not have any inmates who reported prior victimization or predation.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- FDC Procedure 401.010, Co-Payment Requirements for Inmate Medical Encounter.
- Lake City Correctional Facility PREA Coordinated Response
- Specialized Interviews: Medical and Mental Health Staff
- Investigation Files

Findings:

115.82 (a)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- "Alleged inmate victims of sexual abuse, sexual battery, or staff sexual misconduct shall receive timely, unimpeded access to emergency treatment and crisis intervention services, the nature and

scope of which will be determined by medical and mental health practitioners according to their professional judgement.”

During specialized interviews with medical and mental health staff, all indicated that each case would potentially be different and care would be dictated based on the situation and their training.

The auditor reviewed the investigation files for allegations within the reporting period. In each case, both inmates were assessed by medical staff at the facility.

115.82 (b)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “If no qualified medical or mental health practitioners are on duty at the time a recent abuse allegation is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.”

LCCF has medical staff onsite at the facility 24 hours per day. Mental health practitioners are on call and can report to the facility after hours as needed.

115.82 (c)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Inmate victims of sexual abuse, sexual battery, or staff sexual misconduct while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.”

LCCF has medical staff onsite at the facility 24 hours per day. If appropriate, the inmate would be provided with relevant testing for sexually transmitted infections.

115.82 (d)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.”

FDC Procedure 401-010, Co-Payment Requirements for Inmate Medical Encounter states the following:

- “Waiver of co-payment may be granted if the health care visit... is a Prison Rape Elimination Act (PREA) incident involving sexual abuse or sexual harassment.”

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response

Findings:

115.83 (a)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Alleged inmate victims of sexual abuse, sexual battery, or staff sexual misconduct shall receive timely, unimpeded access to emergency treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health practitioners according to their professional judgement.”

115.83 (b)

DC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “The evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody.”

During specialized interviews with medical and mental health staff, all indicated that each case would potentially be different and care would be dictated based on the situation and their training.

115.83 (c)

DC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “As appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or contracted facility and will be consistent with the community level of care.”

Based on interviews with medical and mental staff and the inmates, it appears the level of care provided at the facility at a minimum meets the community level of care, if not exceeds it.

115.83 (d) (e)

These two provisions are not applicable at LCCF as they only house male inmates and at the time of this audit, there were no transgender male inmates at the facility.

115.83 (f)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Alleged inmate victims of sexual abuse, sexual battery, or staff sexual misconduct shall receive timely, unimpeded access to emergency treatment and crisis intervention services, the nature and

scope of which will be determined by medical and mental health practitioners according to their professional judgement.”

During specialized interviews with medical and mental health staff, all indicated that each case would potentially be different and care would be dictated based on the situation and their training.

115.83 (g)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.”

FDC Procedure 401-010, Co-Payment Requirements for Inmate Medical Encounter states the following:

- “Waiver of co-payment may be granted if the health care visit... is a Prison Rape Elimination Act (PREA) incident involving sexual abuse or sexual harassment.”

115.83 (h)

FDC Procedure 605.053, Prison Rape: Prevention, Detection, and Response, states the following:

- “A mental health evaluation will be offered to any identified inmate-on-inmate abusers within 60 days of learning of such abuse history and, as appropriate, the abuser will be offered treatment.”

The auditor reviewed the investigation files for the reporting period. In the first case, the allegation was unfounded as the victim did not make the report that was submitted with his name as the submitter. In the second case, the allegation was unsubstantiated.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053. Prison Rape: Prevention, Detection, and Response
- Investigation Files

Findings:

115.86

FDC Procedure 602.053. Prison Rape: Prevention, Detection, and Response, states the following:

- “The institution shall conduct a sexual abuse incident review within 30 days of the conclusion of the investigation by completing the “Sexual Abuse Incident Review/Facility Investigation Summary,”

DC6-2076. This review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor. The team will also obtain input via reports from line supervisors, investigators, and medical and mental health practitioners. The SAIRC is not responsible for conducting a review of any allegation that is unfounded. The SAIRC shall meet to, at a minimum:

- Assess the adequacy of staffing levels in the area where the incident happened;
- Consider whether the incident/allegation was motivated by race, ethnicity, LGBTI identification, gang affiliation, or other group dynamics at the institution;
- Examine the area that the incident allegedly occurred to assess whether physical barriers or obstructions in the area may have enabled abuse;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- On a monthly basis, prepare a report with recommendation for improvements, and submit to the PREA Coordinator.

The auditor reviewed the investigation files for the reporting period. Each case file included the meetings from the SAIRC meeting where a review of the case is conducted. All required elements of the provisions of this standard are included on the FDC "Sexual Abuse Incident Review-Facility Investigation Summary" form.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- 2019 Annual Report
- 2018 Survey of Sexual Victimization (SSV)

Findings:

115.87 (a) (b) (c) (d)

FDC Procedure 602.053. Prison Rape: Prevention, Detection, and Response, states the following:

- “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein; including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a Survey of Sexual Victimization- Incident Form,” SSC-IA and “Survey of Sexual Victimization- State Prison Systems Summary Form,” SSV-2.”

The SSV, Other Correctional Facilities Summary Form, was provided within the PAQ and was reviewed by the auditor.

115.87 (e)

This provision is not applicable as LCCF does not contract for housing of any of their inmates.

115.87 (f)

During 2019, the Department of Justice did not request sexual abuse data from LCCF.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Agency Policy Supplement 602.053

- 14-2 Sexual Abuse Prevention and Response
- LCCF 2019 PREA Corrective Action Plan
- CoreCivic Annual PREA Report (<https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>)

Findings:

118.88

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- “The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include:
 - Identifying problem areas;
 - Taking corrective action on an ongoing basis; and
 - Preparing an annual report of findings and corrective actions for each facility, as well as CCA as a whole.
- “Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of CCA’s progress in addressing sexual abuse.”
- “CCA’s report shall be approved by the company’s Chief Corrections Officer and made readily available to the public through the CCA website.”
- :Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated.”

The auditor was provided with and reviewed LCCF’s 2019 PREA Corrective Action Plan. This document provides a comparison of the allegations from 2018 and 2019 as well as an assessment as to why there was a change to the allegations numbers as well as information on whether corrective action was needed at the facility level to help improve their efforts.

The auditor was also provided with CoreCivic’s 2019 PREA Annual Report. The report contains information on the scope of the report, definitions of sexual abuse and sexual harassment (as defined in the PREA standards), data collection methods and efforts, audits completed, corrective action taken, and data comparison between 2016, 2017, 2018, and 2019. This report was created by the CoreCivic PREA Coordinator, Eric Pierson. The report is signed by the Executive Vice President and Chief Corrections Officer.

During conversation with the PREA Coordinator, he stated it has not been necessary for him to redact information from the Annual Report.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 - Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- Agency Policy Supplement 602.053
 - 14-2 Sexual Abuse Prevention and Response
- CoreCivic Website
- CoreCivic Annual PREA Report

Findings:

115.89

Agency Policy Supplement 602.053, 14-2 Sexual Abuse Prevention and Response, states the following:

- "Data collected for this purpose shall be securely stored and retained in accordance with CCA Policy 1-15 Retention of Records."
- "Public Access
 - The FSC PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CCA website.
 - Before making aggregated sexual abuse data publicly available, CCA shall remove all personal identifiers."

The auditor reviewed the CoreCivic website and the 2019 annual report. This review revealed no personal identifying information.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through conversations with the PREA Coordinator, the auditor learned that the agency, CoreCivic, works to ensure that one-third of their facilities that are under their operational control are audited each year and the PREA Coordinator is charged with this responsibility. The PREA Coordinator and auditor discussed some logistics and challenges related to making this happen. LCCF is operated under the operational control of the State of Florida.

The auditor observed all areas of the facility, which included area in which the auditor requested to see. The agency and facility were very accommodating with all additional documentation requests.

Interviews were conducted in private settings, without being heard by others.

All information obtained and observed by the audit supported the fact that inmates were permitted to send confidential correspondence to the auditor although no correspondence was received.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The final audit report can be found at the following website: <https://www.corecivic.com/facilities/lake-city-correctional-facility>

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Maren Arbach

09/13/2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.