

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

Interim Final

Date of Report: July 5, 2019

Auditor Information

Name: David Andraska	Email: ddafalls@hotmail.com
Company Name: Andraska Consulting, LLC	
Mailing Address: P.O. Box 191	City, State, Zip: Melrose, WI 54642-01915
Telephone: 715 896-2648	Date of Facility Visit: May 20-23, 2019

Agency Information

Name of Agency: The GEO Group Inc.		Governing Authority or Parent Agency (If Applicable):	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, Florida 33487	
Mailing Address:		City, State, Zip:	
Telephone: 561 999-5827		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 mission: GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.

Agency Website with PREA Information: <https://www.geogroup.com/PREA>

Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561 893-0101

Agency-Wide PREA Coordinator

Name: Robert Walling	Title: Acting Director, Contract Compliance, PREA Coordinator
Email: rwalling@geogroup.com	Telephone: 765-778-5724
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 108

Facility Information

Name of Facility: Blackwater River Correctional and Rehabilitation Facility			
Physical Address: 5914 Jeff Ates Road, Milton, Florida 32583			
Mailing Address (if different than above):			
Telephone Number: 850-983-4100			
The Facility 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
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission: It is the mission of this facility to provide an integrated and holistic delivery of individual treatment programming to the inmate population. To facilitate this mission, the Blackwater River Correctional and Rehabilitation Facility will provide a safe, secure, and cost effective operation, working under contract and in union with the Florida Department of Management Services. This service will be provided and our mission accomplished by maintaining a high level of internal security through careful selection, continuous training and long term retention of qualified personnel. Blackwater River Correctional and Rehabilitation Facility will provide appropriate and timely self-betterment programs to the inmate population in order to ease their transition back into society and to better their odds of becoming a law abiding and contributing member of society upon their release. Blackwater River Correctional and Rehabilitation Facility mandates zero-tolerance towards all forms of sexual abuse and sexual harassment. Blackwater River Correctional and Rehabilitation Facility will be a good steward of the taxpayers' dollars by operating in a prudent and fiscally responsible and disciplined manner. We will maintain this stewardship by emphasizing efficient and effective management, competitive salaries and/or benefits and economical operating expense. Finally, Blackwater River Correctional and Rehabilitation Facility will operate in full compliance and in accordance with all applicable rules, policies and procedures and will achieve and maintain accreditation from the American Correctional Association for Adult Correctional Facilities.

Facility Website with PREA Information: <https://www.geogroup.com/PREA>

Warden/Superintendent

Name: Chuck Maiorana	Title: Warden
Email: cmaiorana@geogroup.com	Telephone: 850-983-4165

Facility PREA Compliance Manager

Name: Micha Neal	Title: Assistant Warden Programs/COC
Email: mneal@geogroup.com	Telephone: 850-983-4165

Facility Health Service Administrator

Name: Dana McGowan	Title: Health Service Administrator
Email: damcgowan@wellpath.us	Telephone: 850-983-4508

Facility Characteristics

Designated Facility Capacity: 2000	Current Population of Facility: 1978
Number of inmates admitted to facility during the past 12 months	1976
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1976
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1976
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	114
Age Range of Population:	Youthful Inmates Under 18: N/A Adults: 19-88
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:	N/A
Average length of stay or time under supervision:	1.7 years
Facility security level/inmate custody levels:	Close, Medium, Minimum, Community
Number of staff currently employed by the facility who may have contact with inmates:	362
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	166
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0

Physical Plant

Number of Buildings: 14	Number of Single Cell Housing Units: 2
Number of Multiple Occupancy Cell Housing Units:	5
Number of Open Bay/Dorm Housing Units:	2
Number of Segregation Cells (Administrative and Disciplinary):	80

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

BRCRF employs a video camera system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both inmates and staff. BRCRF currently has 485 cameras.

Medical	
Type of Medical Facility:	Onsite 24/7 medical unit
Forensic sexual assault medical exams are conducted at:	Onsite by contracted SART
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	69 Volunteers 41 Contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Blackwater River Correctional and Rehabilitation Facility (BRCRF) owned and operated by The GEO Group Inc. (GEO) was conducted on May 20-23, 2019 by Department of Justice (DOJ) Certified PREA Auditor David Andraska. This was the second PREA audit for the facility. BRCRF contracts with the Florida Department of Corrections (FDC). A line of communication was developed between the GEO PREA Coordinator, GEO Contract Compliance PREA Manager and the auditor to discuss the posting of audit notice, Pre-Audit Questionnaire (PAQ), internal review and logistics.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility to include the PAQ, agency, facility and FDC policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The auditor also viewed the GEO and FDC websites. The auditor contacted Just Detention International (JDI) in reference to any information previously submitted by inmates. Prior to the onsite audit, BRCRF conducted an internal review (mock audit) to prepare for the PREA audit. Results of the review and corrective action taken were discussed with the auditor prior to the start of the audit. The recommendations per the review were implemented prior to the on-site audit.

The Auditor arrived at BRCRF at approximately 8:00 a.m. on May 20, 2019 to begin the auditing process. An entrance meeting was held in the Warden's office with the Auditor and the Warden, Assistant Warden Programs/PREA Compliance Manager (PCM), Assistant Warden Finance, Chief of Security, Florida Department of Management Services (DMS) contract monitor and the GEO Contract Compliance PREA Manager. The tour of the facility began at approximately 8:30 a.m. The auditor was escorted by the PCM and Warden throughout the tour. During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; security mirrors. It was noted a mirror was needed in the commissary storage area. The mirror was installed during the on-site audit. The TIPS reporting hotline was tested. Inmates were able to shower, dress and use the toilet facilities without exposing themselves to staff of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. Areas visited during the tour

included front lobby, administration, program area, all housing units including restrictive housing, medical, library, food service, visitation, Intake, warehouse, laundry, recreation, maintenance, and central control. An overview of the camera system and camera views was shown to the auditor after the tour was completed.

PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to inmate and staff in both English and Spanish. The notification of the PREA audit visit was documented as posted on April 16, 2019. In addition to a complete tour of the facility, the site visit consisted of a thorough review of inmate files, training records, personnel files, investigation reports, supporting documentation and formal interviews with staff and inmates. The auditor observed and intake and orientation process.

BRCRF employs 362 staff that may have contact with inmates. BRCRF contracts for medical/mental health services. A total of 30 staff/contractors and one volunteer were interviewed during the audit. Twelve staff were selected for random interviews that included security staff at work on both of the 12 hour shifts. Eighteen BRCRF, GEO, OIG, DMS and Wellpath specialized staff were interviewed. The specialized staff interviewed included: Agency Head, GEO PREA Coordinator, Warden, PCM, intake and risk screening staff, retaliation monitor, Incident review team member, Captain, Training officer, restrictive housing staff, OIG and facility and investigators, incident review team member, contract medical/mental staff and the DMS contract monitor. All staff served as a first responder and all staff interviewed was knowledgeable of their first responder duties and the agency's zero tolerance policy regarding sexual abuse and sexual harassment.

The PCM provided the auditor with housing unit rosters that identified inmates by housing assignments, age and risk screening code and lists of other target group inmates. The inmate count was 1,978 on the first day of the on-site audit. The auditor conducted 41 formal interviews. Twenty inmates were selected for random interviews. Inmates were chosen by a random selection from each housing unit and by age. Twenty inmates that were identified from the target group were interviewed as follows: four (4) inmates who self-identified as transgender, four (4) inmates who reported sexual victimization during risk screening, four (4) inmates with a physical disability, three (3) inmates who reported sexual abuse, two (2) inmates that were LEP, two (2) inmates who are hard of hearing, and one (1) inmate with a cognitive disability. There were no inmates at BRCRF who were identified as meeting the following categories; youthful offender, blind, or inmates in segregated housing for high risk of sexual victimization. One inmate wrote a letter to the auditor and was interviewed. The inmate had concerns about the number of strip searches for kitchen workers and the location of the strip searches. This was discussed with management staff. As a result of this issue, officers were instructed that strip searches of kitchen workers should only be conducted in the intake and discharge area used for strip searches and privacy barriers must be used. All inmates interviewed were knowledgeable of the agency's zero tolerance policy for sexual abuse/harassment and the procedures for reporting. Overall inmates stated they felt safe at the facility.

There were twenty-three allegations of sexual abuse and ten allegations of sexual harassment reported in the past 12 months. Eight of the cases have been closed; four inmate on inmate sexual abuse allegations were unfounded, one inmate on inmate sexual harassment allegation was unsubstantiated, one inmate on inmate sexual harassment was unfounded, one staff on

inmate sexual abuse allegation was unfounded and one staff on inmate sexual harassment allegation was unsubstantiated. The remaining 25 cases from the past 12 months are in progress and are being investigated by OIG. In addition are also nine allegations of sexual abuse and sexual harassment from 3/29/17 through 3/29/2018 that are in progress and being investigated by OIG. The auditor reviewed the eight closed investigative files during the on-site visit. The timeliness of completing investigations was discussed with the OIG Lead Investigator.

Facility Characteristics

BRCRF is located at 5914 Jeff Ates Road, Milton, Florida and is located approximately 28 miles northeast of downtown Pensacola. The facility operates through a contract with the State of Florida Department of Corrections to provide a Level 5 (high security) facility and house adult male inmates with custody levels of close, medium, minimum, and community. The community custody classification allows inmates to work on grounds outside the perimeter fence. No juvenile or youthful offenders are housed. The Florida Department of Management Services oversees the BRCRF contract and provides one on-site contract monitor. Design and construction of the facility started early 2009 and the Certificate of Occupancy was received in May 2010. BRCRF began receiving Florida Department of Corrections inmates on October 5, 2010.

BRCRF is situated on 57 acres (approximately 39 acres inside the perimeter fence). There are 10 buildings contained on the grounds with approximately 378,796 square feet of space. The administration building is located outside of the secure perimeter fence and contains the lobby, main control center, training room, lock shop, armory, staff gym, and several administration offices. Nine buildings are located inside the secure perimeter fence. The support building is divided into several sections which include security and various offices; the Northside contains the programs area, medical/infirmarary, and a 160 bed restrictive housing unit; and the Southside contains the visitation area, food service, laundry, maintenance, commissary warehouse, and intake and discharge. A separate warehouse building is located near the perimeter fence on the backside of F-Housing. A guard house is located in the receiving sally port.

General population housing is provided in six separate housing unit buildings (A-F). There are no single cell living units at BRCF, only double occupancy. Alpha, Bravo, Echo, and Foxtrot housing units provide two story cell housing; each unit consist of six wings with 60 beds in each (30 upper tier/30 lower) or 360 beds in each unit for a total of 1440 beds. A housing unit control center overlooks the six wings, and a variety of office space and multi-purpose rooms are available for staff. Each cell provides a toilet/sink combo, double bunk, desk and stool, and showers are located in a centralized location. There are two single level dormitory housing units (Charlie and Delta units); each dormitory provides four open bay wings with 70 beds in each wing for a total of 280 beds in each dormitory. The facility provides toilets/urinals, washbasins, and showers in centralized areas in dormitory housing. Each housing unit provides a barbershop, laundry distribution room, nursing station, and canteen store. Dayrooms are immediately adjacent to all living areas. Housing Unit B, wings 1-3 are dedicated to the Faith-Based Program and wings 5 and 6 house the Veteran Dogs Program.

Seven holding cells are provided in intake and discharge with a toilet/sink combo in each. The medical infirmary provides five rooms with two beds in each, two negative pressure cells, and 12 observation cells.

The 160 bed restricted housing Unit (Y Dorm) is located in the support building and provides double bunk cell housing within 2-tiers. All of the doors within this unit are detention grade and are controlled by the housing control center officer. A pipe rounding system is utilized to electronically monitor inmate welfare checks in RHU at least every 30 minutes. Each cell contains a bunk-style bed, one desk, two stools, and a one piece toilet/sink fixture. Ten out-of-cell showers, six partially covered outdoor recreation cages, four telephones, and a library book cart are also provided in the unit. A GEO BRCRF Segregation Plan was in place for services and programs available to inmates dependent on their status. Sign-in logs document staff visits to the unit.

BRCRF is proud to be a fully implemented GEO Continuum of Care site. The GEO Continuum of Care is enhanced in-prison offender rehabilitation programs including evidence-based treatment, integrated with post-release support services. Starting programming while individuals are in custody and transitioning to community-based programs upon release facilitates consistency in treatment and promotes effectiveness in reducing recidivism. The goal of the in-custody evidence-based programming is to facilitate a successful transition to life at home and maximize the impact of programs delivered to reduce recidivism. After assessing risks and needs of inmates in the jail or prison and initiating programming while in custody, the transition to a community-based program is seamless and behavior change is expedited.

The facility is accredited through the American Correctional Association and NCCHC.

Summary of Audit Findings

When the on-site audit was completed, an exit meeting was held with the Warden, PCM, the GEO Contract Compliance PREA Manager and numerous facility staff. The facility staff was found to be cooperative and professional. The auditor explained the audit report process. The auditor thanked the Warden and staff for their hospitality and commitment to PREA.

Number of Standards Exceeded: 6

115.11, 115.17, 115.31, 115.33, 115.42, 115.88

Number of Standards Met: 39

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed Pre-Audit Questionnaire ("PAQ")
2. GEO Organizational Chart and BRCRF Organizational Chart
3. FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response

4. GEO website: <https://www.geogroup.com/PREA>
5. FDC website: <http://www.dc.state.fl.us/PREA/index.html>
6. Observation while on-site
7. Interviews with the following:
 - a. PREA Coordinator
 - b. PCM
 - c. Random staff
 - d. Inmates

FDC has a comprehensive policy on sexual abuse and sexual harassment. The policy clearly mandate zero tolerance toward all forms of sexual abuse and sexual harassment and prohibit retaliation against inmates or any staff who reports sexual harassment or sexual abuse against an inmate, or cooperates with an investigation. The policies detail definitions that are consistent with the PREA definitions. The policies address staff training and inmate risk screening and education. The policies further outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; and detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse and harassment. The policy was found to be comprehensive and address all provisions of the PREA standards. FDC zero-tolerance policy is also posted on its website. GEO also has a zero tolerance policy. Due to contractual requirements between FDC and GEO, FDC policies are required to be followed at this facility.

The FDC has an established PREA Coordinator who oversees all aspects of the PREA standards. GEO employs an upper-level, agency-wide PREA Coordinator who is a Director in the Contract Compliance Division for GEO. She is very knowledgeable of PREA standards and has the authority to develop, implement, and oversee PREA compliance. She is very active in coordinating PREA, sending updates to facilities, especially as Frequently Asked Questions are posted on the PREA website. She conducts training and meetings to keep PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO's PREA program. The GEO organization chart demonstrates the PREA Coordinator is in a position of authority. She indirectly supervises 108 PREA compliance managers through three regional coordinators, one community corrections coordinator, and one juvenile coordinator.

GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facility's PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. BRCRF's PREA Compliance Manager (PCM) is the Assistant Warden of Programs/COC and reports to the Warden. She is very knowledgeable of PREA standards and strives for compliances. Per interviews with the PREA Coordinator and PREA Compliance Manager, both stated they have sufficient time and authority to manage their PREA-related responsibilities.

The review of procedure, staff PREA training, Inmate PREA screening, education and information, interviews with staff and inmates, observation of bulletin boards, posters and PREA material during the tour of the facility, the designation of an Agency-wide PREA Coordinator and facility PREA Compliance Manager, it is apparent that BRCRF is committed to zero tolerance of sexual abuse and sexual harassment and exceeds the requirement of this standard.

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 OR the response to 115.12(a)-1 is "NO".) 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed Pre-Audit Questionnaire ("PAQ")
2. Interviews with the following:
 - a. PREA Coordinator
 - b. Agency Executive Director

GEO is a private agency and does not contract with other private agencies or entities for the confinement of inmates.

Compliance with this standard was determined through review of the PAQ and interviews.

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 agency ensure that each facility has developed a staffing plan that provides for

adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed Pre-Audit Questionnaire ("PAQ")
2. FDC Procedure 602.053
3. FDC Procedure 602.030 Security Staff Utilization
4. FDC Shift Supervisor Post Orders
5. Approved Facility Staffing Plan
6. Unannounced PREA Rounds log
7. Annual PREA Facility Assessment (dated 8/16/2018)

8. Daily unit log book
9. Interviews with the following:
 - a. Agency Executive Director
 - b. PREA Coordinator
 - c. Warden
 - d. PCM
 - e. DMS Contract Monitor
 - f. Immediate or Higher Level Facility Staff
 - g. Random staff
 - h. Random inmates

The Procedure states: In conjunction with each institution the Office of Institutions will develop a particularized staffing plan for each institution that provides adequate staffing levels, and where applicable, video monitoring, to protect inmates against sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. GEO ensures each facility develops, documents, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse by monitoring and reviewing the staffing plans. GEO in collaboration with FDC (client) determines the staffing plan and the client also monitors compliance with the plan. Policy establishes procedures to develop and monitor staffing plans and uses the criteria found in Standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan. The average number of inmates the staffing plan was predicted on was 2000 inmates. Since the last PREA audit, the average daily population of the facility was 1971 inmates. In interview with the Warden and the PREA Compliance Manager, they both confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this standard.

The contract that the agency has with FDC outlines in the Scope of Work, that the agency must maintain full staffing based on 100% occupancy. The design capacity of the facility is 2000. The facility covers vacancies of security posts by utilizing overtime. Staff reports are submitted to and monitored by the FDC Contract Monitor to ensure that contract requirements are met. There were no deviations from the staffing plan.

BRCRF's Annual PREA Facility Assessment is reviewed annually by the facility, FDC Monitor, GEO Corrections Division, and PREA Coordinator. The signature of the PREA Coordinator on the assessment confirmed that this was done in consultation with her. GEO has established a form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. The plan follows generally accepted correctional practices. There have been no findings of inadequacy from any external or internal oversight bodies. All components of the facility's physical plant are considered and no major blind-spots or surveillance camera deficiencies identified. There is a brief description of the inmate population and the times

programs are occurring. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is also mentioned. The Annual PREA Facility Assessment determines, and documents whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. The latest Annual PREA Facility Assessment did not include any recommendations.

Shift supervisor post orders, require daily unannounced rounds and security inspections of all inmate housing and activity areas. Rounds are documented on the Daily Log of events completed by each unit as well as the control room log. Employees are prohibited from alerting other employees that these rounds are being conducted. The practice of these rounds being conducted was confirmed by review of logs and interviews with Supervisor, random inmates and random staff.

Compliance with this standard was determined through review of procedures, daily logs, unannounced rounds forms, staffing plan, annual facility assessment, staff rosters, observation while on site of camera placement, and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed Pre-Audit Questionnaire (“PAQ”)
2. FDC Procedure 601.211 Designation of Youthful Offender Facilities
3. Interviews with the following:
 - a. PCM
 - b. Warden

BRCRF only houses adult male inmates and does not house youthful inmates.

Compliance with this standard was determined through review of the Procedure, PAQ and interview.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) 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? Yes No

115.15 (d)

- Does the facility implement a policy and practice 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 602.018 Contraband and Searches of Inmates
4. FDC Procedure 602.036 Gender Specific Security Positions
5. FDC PREA Training lesson plan
6. Staff Training Rosters
7. Daily Log Book
8. Interviews with the following:
 - a. Warden
 - b. PCM
 - c. Random staff
 - d. Random Inmates
 - e. Transgender inmates

FDC has a procedure in place regarding offender searches. Searches of inmates require that strip searches of inmates shall be conducted only by Corrections Officers of the same sex as the inmate, except in emergency circumstances. Internal examination of the body orifices when required will be made by medical personnel only. Body cavity searches will be made only by appropriate Health Services staff. Per the PAQ, in the past 12 months there *were* no cross-gender strips or visual body cavity searches conducted. Staff and inmate interviews and direct observation determined the facility does not conduct cross-gender strip or cross-gender visual body cavity searches. BRCRF is an all-male facility. Staff members are prohibited from and do not search transgender or intersex inmates to determine an inmates' genital status.

FDC has a procedure and practice that allow inmates to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Based on interviews with staff and inmates and personal observation, it was determined that inmates are able to shower, perform bodily functions and change clothes without female non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. Interviews with staff and inmates and direct observation determined that staff members of the opposite gender announce their presence and document the announcement in the unit log when entering a housing area. Additionally, there is signage that female staff routinely work and visit inmate housing areas.

Review of PREA training curriculums and training rosters demonstrated staff had been trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually and were knowledgeable of the proper procedures to conduct pat down searches of transgender and intersex inmates. There were four transgender inmates housed at the facility during the onsite audit and all four were interviewed.

Based on review of procedures, staff training curriculum, rosters, and interviews with staff, BRCRF meets the requirement for this standard.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053,
3. FDC Procedure 604.101 Americans With Disabilities Act Provision for Inmates
4. Language Line Service Agreement
5. List of designated staff interpreters
6. PREA Posters and Brochures (English, Spanish)
7. Memo from PCM dated 4/30/2019
8. FDC ADA training roster
9. Observation while on-site
10. Statement of Fact
11. Interviews with the following:
 - a. Warden

- b. PCM
- c. Random staff
- d. LEP Inmates
- e. Disabled inmates

The procedures ensure inmates with disabilities and who are limited English proficient (LEP) have access to PREA information and programs. BRCRF has taken appropriate steps to ensure that inmates who are limited English proficient or disabled 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. BRCRF has an agreement with Language Line Services, Inc. which provides translation of any language. The facility also maintains a list of designated staff translators. The procedure states the facility will use closed captioning, large print, or a staff member to read the information. This includes hearing impaired which includes provision for hearing aids and sign language interpreters; visually impaired (audio support cassettes and/ or Braille), developmentally disabled.

The facility takes steps to ensure that offenders who are limited English proficient have access to PREA information that they can understand. The PREA video is in English and Spanish, others are translated via a Language Line with a signed acknowledgment. All written and posted information is provided in both English and Spanish. Per policy and staff interviews, inmates are not used as interpreters, when addressing sexual abuse and sexual harassment allegations. Informational and educational materials for inmates with physical and mental disabilities are provided in ways that will enable the inmates to understand the PREA zero tolerance policy, related material and how to report allegations of sexual abuse or sexual harassment. Interviews with LEP inmates, inmates with physical disabilities and inmates who were hard of hearing indicated PREA information was provided in a format they could understand.

Compliance was determined by review of procedures, PREA brochures and posters, resources available, supporting documentation, and interviews.

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, or 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053,
3. FAC Chapter 33-601-222 Use of Inmates in Public Works
4. FDC Procedure 208.049 Background Investigations and Appointment of Certified Officers
5. GEO on-line application form
6. Personnel files
7. Florida Department of Management Services, Criminal History Face Sheet
8. PREA annual disclosure waiver
9. PREA promotional disclosure waiver
10. Live Scan documentation
11. Interviews with the following:
 - a. Human Resource Manager
 - b. PCM
 - c. DMS Contract Monitor

The procedures ensure staff and contractors are not hired or promoted who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile, or other penal type

institutions; or who have 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 been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion.

The policies require the facility to consider any incidents of sexual abuse/sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The Florida Department of Management Services (DMS) performs criminal background checks for all new hires. Additionally all GEO staff have a background check conducted by Career Builder System (CBS). Applicants, who answer on their application for employment that they have worked previously in a confinement setting, receive PREA verification by CBS. During the conditional offer phase, applicants are asked to disclose any incidents of sexual abuse or sexual harassment either in an institutional setting or in the community.

The auditor reviewed a sample of staff application packets and background clearance checks for new hires, employee promotions and contractors. Through review of staff files and interview with the Human Resource Manager, it was determined the facility does not hire or promote staff and contractors are not hired who have engaged in sexual abuse as outlined in policies. The documents and interviews also demonstrated FDC and the facility considers incidents of sexual abuse/sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The policies require background checks for staff and contractors prior to hiring or enlisting services of a contractor and again every five years. FDC utilizes a Live Scan system in which any time an employee is arrested and fingerprinted, the Florida Department of Law Enforcement are notified. All staff who works inside the correctional facility is fingerprinted prior to employment. All new employees are made aware that their fingerprints will be retained in the Florida Department of Law Enforcement database and any arrest will automatically be reported to the Department of Corrections. The auditor reviewed background clearance checks for a random sample of employees, contractors and volunteers.

BRCRF does ask all applicants and employees who may have contact with inmates directly about previous sexual misconduct, as described in PREA Standard 115.17 (a), in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of annual reviews of current employees; and impose upon employees a continuing affirmative duty to disclose any such misconduct. GEO and the facility policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

Unless prohibited by law, GEO will 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 the individual has applied for work.

The review of procedures, documentation, employee personnel files, dual process for background checks, the live scan process and interviews demonstrated BRCRF exceeds the requirement of this standard.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. Interviews with the following:
 - a. Warden

When designing or acquiring any new facility and in planning any substantial modification of existing facilities, BRCRF will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Since the last PREA audit, BRCRF has not made a substantial expansion to the existing facility.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, BRCRF will consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. BRCRF has not installed or updates its video monitoring system.

Compliance was determined by documentation and interview.

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? Yes No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 108.003 Investigative Process
4. FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations
5. Agreement with Panhandle Forensic Nurse Specialists
6. MOU with Lakeview Center Inc. Rape Crisis
7. Statement of Fact
8. Interviews with the following:
 - a. PCM
 - b. HSA

FDC is responsible for conducting administrative sexual abuse investigations and the Office of the Inspector General (OIG), who not only reports to the Agency Secretary, but also to the Inspector General of the governor's office and has Florida statutory authority and responsibility to conduct criminal investigations at BRCRF and in all of the FDC. The OIG is responsible for all investigations of sexual abuse and/or sexual harassment. Administrative investigations may be handled internally after review by the OIG. Florida State Police Forensic Assault Examination Adult/Adolescent is the protocol used for investigations.

Panhandle Forensic Nurse Specialists provides SAFE/SANE services on site when requested. They would provide a forensic exam if applicable and provide education and follow-up treatment to the resident. A MOU has been established. The services are provided at no cost to the victim. Mental health services, along with follow up counseling are provided by Wellpath staff. FDC has a regional contract with Gulf Coast Children Advocacy Center for victim advocate services. BRCRF has a MOU with Lakeview Center Inc. for victim advocate service.

Inmates are made aware of the confidential emotional support services available to them and how to access them in the Inmate Handbook and on PREA posters displayed throughout the facility in both English and Spanish.

There has been one allegation that required a forensic exam and victim advocate service during the past 12 months.

Compliance with this standard was determined through review of procedures, MOU and interviews.

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 such publication 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 108.003
4. FDC Procedure 108.015
5. PREA Master Tracking log
6. FDC and GEO website
7. Interviews with the following:
 - a. PCM
 - b. facility and OIG Investigators

The procedure states every allegation of sexual abuse or sexual harassment alleged to have occurred in any facility within Florida Department of Correction be thoroughly and completely investigated criminally or administratively. The OIG has the legal authority to conduct criminal and administrative investigations within all prison in the State including the private facilities. Administrative investigations may be handled internally after review by the OIG. The procedure and process regarding investigations is posted on the agency website.

When BRCRF conducts its own administrative investigations into allegations of Sexual Abuse and Sexual Harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. BRCRF has one investigator who has received specialized training in Sexual Abuse investigations. All allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). GEO's investigative policy is published on its website.

The BRCRF PREA Allegations Tracking Log is used to track all incidents that occur at the facility. In the past 12 months, there were twenty-three allegations of sexual abuse and ten allegations of sexual harassment. There were twenty-nine cases referred for a criminal investigation and four cases resulting in an administrative investigation.

Compliance with this standard was determined through review of procedure, tracking log, agency website and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC PREA lesson plan
4. LMS PREA Training Rosters
5. Signed PREA training acknowledgements
6. Interviews with the following:
 - a. PCM
 - b. Training officer
 - c. Random staff

All employees receive PREA training prior to assignment and annually thereafter. The training lesson plan demonstrated the training covered: the zero-tolerance policy for sexual abuse and sexual harassment; how staff should fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the resident's right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and transgender and intersex searches. BRCRF houses adult male inmates. Staff receives gender specific PREA training.

All new staff attends New Employee Orientation (NEO) which includes PREA training prior to assignment. Correctional staff is required to complete a 420 hour pre-service academy that includes a PREA component. In-service PREA training is provided annually through the facility's training department. Staff must pass a quiz before being considered to have completed the course, therefore demonstrating an understanding of the materials presented. Employees sign an acknowledgement form that they have received and understood the PREA training. PREA reminders and information is also discussed at staff meetings. Staff interviewed were well versed in the PREA policy; their responsibilities in reporting sexual abuse/sexual harassment and staff negligence; their first responder duties; evidence preservation; and transgender and intersex searches. Staff also carries a PREA Sexual Abuse First Responder card.

Based on review of procedures, staff training curriculum, rosters, signed training acknowledgments, annual PREA training, continuous PREA refresher training and reminders and interviews with staff, BRCRF exceeds the requirement for this standard.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. Volunteer PREA training spreadsheet
4. Volunteer, Intern, Contractor PREA lesson plan
5. Signed PREA training acknowledgements
6. Volunteer, Intern, Contractor PREA Brochure
7. Interviews with the following:
 - a. PCM
 - b. Training officer
 - c. Contactors
 - d. Volunteer

Contractors attend the same PREA training as BRCRF employees. The volunteer curriculum is based on the services they provide and level of contact they have with inmates to include training to ensure that volunteers are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. Volunteer training is completed for all volunteers and volunteers sign an acknowledgement form upon completion of this training that they submit to their supervisor. Interviews with contractors and a volunteer demonstrated their knowledge of PREA, their responsibilities and the agency zero tolerance policy. All volunteers and contractors who have contact with inmates

have been trained on their responsibilities per FDC policy. The auditor reviewed the training records and signed acknowledgments confirming that all volunteers and contractors received and understood the PREA training.

Compliance with this standard was determined through review of procedure, FDC PREA lesson plan, contractor and volunteer information, signed PREA acknowledgements and interviews.

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 such education? 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 601.201 Inmate Orientation
4. Inmate PREA Education Facilitator Guide
5. FDC PREA Poster and pamphlet
6. Signed acknowledgements (receipt of handbook and PREA pamphlet, received PREA orientation, received grievance orientation)
7. BRCRF Inmate Handbook (English and Spanish)
8. Interviews with the following:
 - a. Intake officer
 - b. PCM
 - c. Random inmates

During intake, inmates are provided information through the Sexual Violence Awareness brochure and Inmate handbook, available in English and Spanish, which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such

incidents while at BRCRF. On the day of arrival, all inmates sign an Inmate Acknowledgement for receipt of the Inmate Handbook and Sexual Violence Awareness pamphlet.

Inmates receive comprehensive PREA education as part of the facility orientation process typically on the day of arrival. All new inmates attend orientation and orientation is mandatory. As designated staff member facilitates the inmate orientation and a PREA video is played and discussed. Inmate sign an acknowledgement indicating received and understood the PREA material.

PREA posters and pamphlets are posted throughout the facility in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. Information on the posters and in the pamphlet include: the zero-tolerance policy; inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. The policies require information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

During interviews, inmates acknowledged the information being provided upon the day of arrival at intake and during orientation and have seen posters displayed throughout the institution. The inmates interviewed knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. The auditor reviewed signed inmate acknowledgements, which demonstrated inmates received and understood the PREA information. The facility reported that 1972 inmates admitted during the past 12 months received PREA information upon arrival and comprehensive training within 30 days of arrival.

The review of procedures and documentation, observation during the intake process, comprehensive orientation, PREA video, pamphlets and posters and interviews with staff and inmates, confirms BRCRF exceeds the requirement of this standard.

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 have received 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 108.015
4. PREA Specialized Investigator Training Curriculum
5. User Training Transcript report
6. Signed PREA training acknowledgements
7. PREA Specialized Investigator Training Certificates
8. Interviews with the following:
 - a. OIG and facility Investigators

The FDC and the Office of the Inspector General require investigators receive specialized training in addition to the general education provided to all staff. This training meets the

expectations of the standard and provides the investigator with the needed skills to conduct investigations in a confinement setting. OIG investigators attend numerous training sessions including two day training on Investigating Sexual Abuse in Confinement Settings: Training for Correctional Investigators. GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. Facility trained investigators complete Specialized Training: Investigating Sexual Abuse in Correctional Settings, facilitated by GEO's PREA Coordinator. The training curriculum was provided for review and found to include interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The facility has one trained investigator. The investigator has received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, the investigator received a certificate of completion. In review of investigators' training file and interview, the investigator has completed this specialized training, as well as general training provided to all employees and documentation is maintained by the facility.

Compliance with this standard was determined through review of procedures, training curriculum and records and the interview with an investigator.

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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

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.) 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?
 Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC HSB 15.03.36 Post Sexual Battery Medical Action
4. Contractor Specialized Medical training curriculum
5. Certificates of Completion of PREA Specialized Training
6. Signed PREA training acknowledgements
7. Interviews with the following:
 - a. Medical staff
 - b. Training officer

BRCRF contracts for medical health services with Wellpath (formerly Correct Care Solutions). All full-time and part-time medical and mental health staff receive basic PREA training and specialized PREA training to detect signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

PREA Specialized Medical and Mental Health training was provided to all medical and mental health care staff and verification of this training is documented. The specialized training curriculum was provided for review and was found to contain all topics required in 115.35(a).

Medical staffs do not perform forensic exams. SAFE/SANE exams are performed on-site by Panhandle Forensic Nurse Specialists. Medical health staff interviewed verified receiving

specialized training in addition to general PREA training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve evidence.

Compliance with this standard was determined through review of procedures, lesson plans, training records, and interviews.

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, when 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, when 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, when 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 a: Incident of sexual abuse?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 601.209 Reception Process-Initial Classification
4. Completed SRI Questionnaire
5. Completed SRI Reassessment log
6. Interviews with the following:
 - a. Intake officers
 - b. PCM
 - c. Classification staff
 - d. Random inmates

The policies indicate all inmates shall be assessed at intake and upon transfer for their risk of being sexually abused by another individual or being sexually abusive towards another individual housed at the facility. This screening takes place within 72 hours of arrival at the facility utilizing an objective screening instrument. The facility conducts initial and reassessments utilizing the Sexual Risk Indicators (SRI) which is an objective and

standardized screening instrument by a trained Classification staff member. The assessment process is computerized and information gleaned becomes part of the Agency Inmate Behavioral Assessment Scale (IBAS). The system has been designed to identify the potential risk each inmate presents for predatory behaviors or their potential risk to be preyed upon by other inmates. The intent is for this system to be designed as an integrated web application that pulls required information from the Offender Based Information System mainframe, calculates the IBAS and Sexual Risk Indicators (SRI) designations and delivers those designations to specific OBIS screens. On information provided on the PAQ, in the past 12 months, 1972 inmates that entered the facility were assessed for their risk of victimization or abusiveness upon arrival. Random sampling of inmate files and inmate interviews confirm inmates were typically screened within 24 hours of arrival.

BRCRF ensures that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individual's risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. MINS generates a 30 day appointment. If the inmate is still housed at the facility, a follow up screening is conducted. Reassessments are completed within 30 days as evidenced by reviewing completed forms and interviews.

Disciplining inmates for refusing to answer or not providing complete information in response to certain screening questions is prohibited. BRCRF implemented appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employees or other individuals. Sensitive information is limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. At any point after the initial intake screening, an individual may be reassessed for risk of victimization or abusiveness.

Compliance with this standard was determined through review of procedures, completed risk assessments, reassessments and interviews.

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? Yes No

- 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? Yes No

- 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? 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 601.209
4. FDC Procedure 403.012 Identification and Management of Transgender inmates and Inmates Diagnosed with Gender Dysphoria
5. List of Transgender inmates
6. Transgender 6 month reassessments
7. Transgender preference log
8. IBAS system information
9. Observation while on-site
10. Interviews with the following:
 - a. Classification staff
 - b. PCM
 - c. Random inmates
 - d. Transgender Inmates

Procedures state screening information shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. The computerized management system will initiate a code for identified predator, potential predator, high aggression risk, moderate aggression risk, identified prey, potential prey, high victimization risk, moderate victimization risk. All bed assignments made at BRCRF are processed through the CDC (Classification Data Center) that is part of the IBAS system. It utilizes all inmate data from the SRI and will not allow the double bunked cell assignment of: a victim and abuser, inmates with significant age differences and inmates with size differences. Should someone try and move an inmate when these differences are noted, the computer will not allow the cell change.

There are no dedicated housing units based on sexual identity at BRCRF. This was confirmed during interviews with those inmates identifying as transgender, gay or bisexual. Each indicated they were not currently or ever housed on dedicated housing. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. The procedures state the agency shall consider on a case-by-case basis where to assign a transgender or intersex inmate, housing and programming assignments, based on the inmate's health and safety, the inmate's own views with respect to his or her own safety, and whether the placement would present management or security problems. Additionally, the procedure requires placement and program assignments to be reviewed twice a year for each transgender or intersex inmate. There were four transgender inmates at BRCRF during the on-site audit and were interviewed

The review of procedures, practice, documentation, computerize process for bed assignments, completed risk assessments, reassessments and interviews demonstrated BRCRF exceeds the requirement for this standard.

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FAC Chapter 33-602.220 Administrative Confinement
4. Statement of Fact
5. Observation while on-site
6. Interviews with the following:
 - a. Warden
 - b. PCM

Per procedure the facility will determine an appropriate method of safeguarding the alleged victim. Victims should be housed in the least restrictive environment possible. The procedure prohibits the placement of inmates at high risk for victimization in segregated housing unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser (for no longer than 72 hours).

Based on interviews, when there is a situation of an inmate alleging risk of victimization and needing to be separated from the alleged abuser, segregation would be utilized as a last alternative. If this placement was necessary, staff stated that the inmate would have access to the appropriate privileges and the justification for the placement would be documented. The inmate would be reviewed by the Institution Classification Team every 30 days.

BRCRF did not place any inmates at a high risk of sexual victimization in involuntary confinement during the audit period.

Compliance with this standard was determined through review of procedures, observation during tour and interviews.

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? Yes No

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. BRCRF Inmate Handbook
4. FDC PREA Sexual Violence Awareness brochure
5. FDC Reporting options posters
6. Employee Handbook
7. Observation while on-site
8. GEO website
9. Interviews with the following:
 - a. PCM
 - b. Random staff
 - c. Random inmates

The procedures mandate that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and that they must promptly document any verbal reports. The facility provides multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities

that may have contributed to such incidents. The Inmate Handbook, PREA brochures and posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. This information is available in English and Spanish.

Interviews with inmates verified they knew of multiple internal and external ways to report incidents of abuse or harassment, and retaliation. The facility provides inmates many multiple ways to privately report; verbally and in writing to staff; through a third party, by a grievance, or to the FDC Office of Internal Affairs. Gulf Coast Children Advocacy Center (an independent agency separate from the FDC) is the private/public office that FDC maintains a MOU with. Inmates may privately report sexual abuse and sexual harassment anonymously if requested to this entity. Inmates are also provided with the phone number and address for the Office of Inspector General- the PREA Ombudspersons which is a public office that is not part of the Agency. There is a TIPS line available for inmates and staff that would connect them to the Office of Inspector General. Inmates at BRCRF are not detained solely for immigration purposes. During the tour, the TIPS line was checked and was working.

Staff can privately report sexual abuse and sexual harassment of inmates in writing or by calling the TIPS line, Employee Hotline or telephoning, e-mailing or in writing to the GEO PREA Coordinator. Information on staff reporting is available on the GEO website and in the Employee Handbook and reviewed in the PREA training curriculum. Staff interviewed were knowledgeable of reporting options available to them.

Compliance with this standard was determined through review of procedure, PREA information provided to inmates, PREA posters, and observation during the tour and interviews.

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 NA

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FAC Chapter 33-103.005 & .006 Grievances
4. Inmate Handbook
5. Completed Grievance
6. Notification of extension

7. Interviews with the following:
- a. PCM
 - b. Random inmates

There is a procedure in place for offenders to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. BRCRF does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; ensures 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, and such grievance is not referred to a staff member who is the subject of the complaint; and issues 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. Interviews with random inmates indicated they were aware they could file a grievance regarding sexual abuse.

Third parties, including other inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. The grievance form is available on the agency web page for family and friends of any inmate to file a grievance on his behalf.

When an emergency grievance is received alleging that an inmate is at substantial risk of imminent sexual abuse the grievance will be immediately forwarded to the level of review that immediate corrective action can be taken. An initial response is provided to the inmate within 48 hours and the Warden or his designee is required to issue a final decision within five calendar days. The Warden or his designee will document the initial response and the final decision and determine if the inmate is at substantial risk of imminent sexual abuse and what action was taken in response to the emergency grievance. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith. Inmates are informed of grievance procedures in the Inmate Handbook. In the past 12 months there was one grievance filed related to sexual abuse. There were no emergency grievances filed

Compliance with this standard was determined through review of the procedures, Inmate Handbook and interviews.

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? Yes No
- 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. BRCRF Inmate Handbook
4. FDC PREA Sexual Violence Awareness brochure
5. Victim Advocacy PREA posters (English and Spanish)
6. Observation while on-site
7. MOU with Lakeview Center Inc.
8. Interviews with the following:
 - a. PCM
 - b. Medical staff
 - c. Random inmates

Inmates have access to outside advocacy services and are provided contact information. Inmates are made aware of this information on PREA posters and the Inmate Handbook.

Inmates are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility provides inmates with access to outside victim advocates for emotional support services through Gulf Coast Children's Advocacy Group. The inmates are provided a mailing address and a 24 hours toll-free hotline number to contact Gulf Coast Children's Advocacy Group. Most inmates interviewed were aware of the confidential support services available to them and how to access them. BR CRF does not house inmates solely for immigration purposes. BR CRF has a MOU with Lakeview Center Inc. for victim advocate services and provides the victim with contact information.

Compliance with this standard was determined through review of procedure, PREA information available to inmates and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BR CRF Completed PAQ
2. FDC Procedure 602.053
3. FDC website
4. GEO website
5. Third Party reporting posters
6. Observation while on-site
7. Interviews with the following:
 - a. PCM
 - b. Random inmates
 - c. Random staff

The procedure establishes a method to receive third-party reports of sexual abuse and sexual harassment and to distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate. The FDC website outlines methods to report sexual abuse and sexual harassment on behalf of an inmate. Third party grievance forms are available on the website and are sent to the facility's Warden. Inmates can accomplish third-party reporting by having a friend or family member contact the OIG Bureau of State investigations through the complaint form on the OIG's website. The electronic form will go directly to the OIG for review. Posters on display at the facility provide the visitors, staff and inmates with third party reporting options. Inmates can accomplish third-party reporting by having a friend or family member call the PREA hotline. Interviews with inmates demonstrated they knew how third-party reporting could be accomplished.

Third party reporting posters were available in all public areas in English and Spanish to include, lobby, visitation and staff break areas within the facility. The GEO website also outlines methods to report sexual abuse and sexual harassment on behalf of an inmate.

Compliance with this standard was determined through review of procedure, FDC website, GEO website, PREA posters, observation and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. Mandatory reporting Survey of Vulnerable Persons
4. FDC PREA lesson plan
5. First Responders Duties card
6. Statement of Fact
7. Interviews with the following:
 - a. PCM
 - b. Random staff
 - c. Medical staff

Procedures require all employees, contractors and volunteers (staff) to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; any retaliation against inmates or staff who reported such an incident; any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than

to the extent necessary. BRRCRF does not house inmates under the age of 18. There were no PREA incidents involving vulnerable adults as defined by Florida State Statutes.

Interviews with staff verified they were aware they must immediately report to the facility's designated staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; and that they are prohibited from revealing information related to a sexual abuse report other than to people authorized to discuss the report. The contracted health care agency (Wellpath) also requires its medical health practitioners to report. Healthcare staff are required to reveal the limits of confidentiality at the initiation of services. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to their immediate supervisor or the PCM.

Compliance with this standard was determined through review of the procedures, documentation, PREA training curriculum and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRRCRF Completed PAQ
2. FDC Procedure 602.053
3. Documentation of Forensic exam
4. FDC PREA lesson plan
5. Statement of Fact
6. Interviews with the following:
 - a. PCM
 - b. Random staff
 - c. Warden

Procedure and training require staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive

and non-judgmental. Interviews with staff demonstrate they know the steps to take to protect an Inmate subject to risk of imminent sexual abuse. Security personnel immediately employ protection measures as the information is passed to the supervisor and PCM.

The Warden stated that if it was suspected an inmate was at substantial risk of sexual abuse he would immediately move the inmate and investigate. The Warden stated immediate action includes separation; monitoring; changing the housing and/or work assignments; and placing the abuser in another facility or requesting a transfer and make referrals to medical and mental health as needed. One inmate reported being at substantial risk of imminent sexual abuse, during the past 12 months and appropriate action was taken.

Compliance with this standard was determined through review of the procedures, PREA training curriculum and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. Email and MINS documentation
4. Statement of Fact
5. Interviews with the following:
 - a. PCM
 - b. Warden

Per policies, when an allegation is received that an inmate was sexually abused while confined at another institution, the procedure requires the facility to notify the Warden, where the alleged abuse occurred within 72 hours after receiving the allegation. The notification shall be documented. The policy also requires that all sexual abuse allegations reported by another institution regarding any inmate that was confined at BRCRF to reported to the PCM and be fully investigated. An interview with the Warden and PCM confirmed their knowledge of the procedure and their responsibility to report and investigate any allegations that may have occurred at BRCRF. There were no allegations reported that an inmate was sexually abused while confined at another institution in the past 12 months. The facility did receive information from another facility that an inmate alleged sexual abuse while housed at BRCRF in the past 12 months. This allegation is currently under investigation.

Compliance with this standard was determined through review of the procedure and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. Documentation of SART exam
4. FDC PREA lesson plan
5. 1st Responder Card
6. Interviews with the following:
 - a. PCM
 - b. Random staff

The policies and training outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Random interviews with staff confirmed they were very knowledgeable about what to do upon learning an inmate was sexually abused, to include separating the alleged victim and abuser and preserving and protecting the crime scene. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff would request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing their teeth, changing clothes, urinating, defecating, smoking, drinking or eating. They are to immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel. Staff also carries a PREA 1st Responder card. In the past 12 months, there were 23 allegations of sexual abuse. BRCRF reported that only one of these allegation required implementing all first responder duties including a SART exam, during the past 12 months.

Compliance with this standard was determined through review of the procedure, documentation, PREA training curriculum, staff PREA cards and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 02.053
3. BRCRF PREA Coordinated Response Plan dated 5/31/2018
4. FDC PREA lesson plan
5. Interviews with the following:
 - a. Warden
 - b. Random staff
 - c. Shift Supervisor

BRCRF has developed a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The policies and Coordinated Response Plan is comprehensive in describing required actions by security and specialized staff. A PREA Incident Checklist ensures that all steps of the plan are carried out. Interviews with the Warden, Shift Supervisors, first responders, medical/mental health, and investigators confirmed staff members were knowledgeable about the Response Plan and their specific responsibilities as it relate to responding to sexual abuse allegations and their coordinated duties and collaborative responsibilities. Review of the PREA lesson plan further support staff are trained on responding to a PREA allegation.

Compliance with this standard was determined through the review of the procedure, PREA training, the facility's Coordinated Response Plan and interviews with staff.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRRCF Completed PAQ
2. FDC Procedure 602.053
3. Documentation of a no contact separation order
4. Statement of Fact
5. Interviews with the following:
 - a. Agency Head
 - b. Warden

GEO and or the facility did not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. Per the statement of fact, BRRCF does not participate in collective bargaining agreements. In the past 12 months, there were two alleged PREA incidents where staff had to be separated from an inmate. The auditor reviewed documents indicating a no contact separation order.

Compliance with this standard was determined through review of procedure, documents, statement of fact and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. Statement of Fact
4. Documentation of monitoring
5. Interviews with the following:
 - a. PCM
 - b. Warden
 - c. Classification Supervisor

BRCRF designated the PCM/Assistant Warden and Classification Supervisor as responsible for monitoring retaliation (PCM monitors staff, Classification staff monitors inmates). as the person responsible for monitoring retaliation. The procedure state facilities shall provide multiple protection measures for inmates or staff members who fear retaliation for reporting sexual abuse/sexual harassment or for cooperating with investigations. The retaliation monitors immediately meets with the alleged victim and then monthly in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Monitoring will occur for at least 90 days following the report of the allegation and may go

beyond the 90 days, if the monitoring indicates a continuing need. All monitoring meetings are conducted face to face.

Interviews with the Warden and PCM indicated BRCRF uses multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff members or inmate abusers from contact with the victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The auditor reviewed completed retaliation monitoring forms and found them to be completed per policy. In the past 12 months, it was reported there were no incidents of retaliation that occurred.

Compliance with this standard was determined through review of the procedures and retaliation monitoring entries and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. Completed PREA Victim Housing Preference form
4. Statement of Fact
5. Interviews with the following:
 - a. PCM
 - b. Warden

The procedure prohibits the placement of inmates who alleged to have suffered sexual abuse in involuntary protective custody unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser. The use of segregated housing to protect inmates who allege to have suffered sexual abuse is subject to those requirements outlined in 115.43.

In the past 12 months no inmates were placed in involuntary segregated housing post allegation. The auditor toured and confirmed no inmates were housed in the Segregation Unit for protection from sexual abuse.

Compliance with this standard was determined through review of procedure, practice and interviews.

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/ 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 108.015
4. PREA Allegation Tracking log
5. Administrative Investigative Reports
6. Interviews with the following:
 - a. PCM
 - b. OIG and facility Investigators

The procedures require an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the facility. FDC is responsible for conducting administrative sexual abuse investigations and the Office of the Inspector General (OIG), who not only reports to the Agency Secretary, but also to the Inspector General of the governor's office and has Florida statutory authority and responsibility to conduct criminal investigations at BRCRF and in all of the FDC. The OIG is responsible for all investigations of sexual abuse and/or sexual harassment. Administrative investigations may be handled internally after review by the OIG. The majority of the allegations are investigated by OIG. When BRCRF conducts its own investigations into allegations of Sexual Abuse and Sexual Harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. BRCRF has one investigator who have received specialized training in Sexual Abuse investigations. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The Investigators indicated during their interviews, a uniform evidence protocol is followed during investigations of sexual abuse and sexual harassments. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff and a preponderance of evidence is enough to substantiate an investigation. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth telling devices as a condition for proceeding with the investigation of such an allegation. The investigation is continued when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to the completion of an investigation. All investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility

assessments, and investigative facts and findings. The investigative process was articulated by the Investigators during the interview.

The interview with the Investigators, confirmed both administrative and criminal investigations are documented. It should be noted that the previous facility PCM/Investigator abruptly resigned shortly before the on-site audit. The GEO internal audit indicated closed investigative files were missing required documentation. This was corrected before the on-site audit. The auditor reviewed the eight closed investigative files during the on-site visit and found them to be completed per policy.

There were twenty-three allegations of sexual abuse and ten allegations of sexual harassment reported in the past 12 months. Eight of the cases have been closed; four inmate on inmate sexual abuse allegations were unfounded, one inmate on inmate sexual harassment allegation was unsubstantiated, one inmate on inmate sexual harassment was unfounded, one staff on inmate sexual abuse allegation was unfounded and one staff on inmate sexual harassment allegation was unsubstantiated. The remaining 25 cases from the past 12 months are in progress and are being investigated by OIG. In addition are also nine allegations of sexual abuse and sexual harassment from 3/29/17 through 3/29/2018 that are in progress and being investigated by OIG. Since the last PREA audit there no allegations of sexual abuse referred for prosecution. The auditor reviewed the eight closed investigative files during the on-site visit. The timeliness of completing investigations was discussed with the OIG Lead Investigator. She indicated two new investigators were recently hired and being trained. They will be assigned to the old allegations to resolve the backlog. OIG is responsible for the investigations that are not conducted promptly.

Review of procedures, PREA tracking log, investigation files and interviews demonstrates compliance with this standard.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 108.003
4. Investigative Reports
5. Interviews with the following:
 - a. PCM
 - b. Investigator

Per procedure FDC/ shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The procedure defines preponderance of the evidence and findings are based on this standard. Interviews with the Investigator and PCM found that BRCRF does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Review of Investigative reports completed by OIG indicated preponderance of evidence was used in determining findings.

Compliance with this standard was determined through review of the procedures, Investigative Reports and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 108.015
4. Administrative Investigative files
5. Notice of Outcome of Investigation
6. Interviews with the following:
 - a. Warden
 - b. OIG and Facility Investigators

The investigative procedures and processes include reporting to the inmates. Per the procedures, every allegation is investigated and every investigated allegation outcome was reported to the inmate with a finding as to whether it was substantiated, unsubstantiated or unfounded. If the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate, the facility shall inform the inmate whenever the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility.

All Notification of Outcome of Allegation or attempted notifications are documented and filed in the corresponding investigative file. Per policies, the victim will be provided an updated notification at the conclusion of a criminal proceeding, if the inmate is still in custody at the facility. The facility's obligation to report under this standard shall terminate if the offender is released from GEO custody

There were four completed allegations of sexual abuse reported during the past 12 months. In the review of the investigative files, it was noted that a signed copy of the Notification of Outcome of Allegation was included in each file.

Compliance with this standard was determined through review of procedures, investigative files, Notification of Outcome of Allegation form and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 208.039 Employee Counseling and Discipline
3. GEO Employee Handbook
4. Investigative report
5. Interviews with the following:
 - a. Warden
 - b. PCM

Per procedures, staff members are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policy 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 staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Staff are made aware of the zero-tolerance policy and the penalties for violating the policy in the Employee Handbook. In the past 12 months, there was one resignation prior to termination for violation of the agency’s sexual abuse policies. The auditor reviewed the investigative file relating to this incident.

Compliance with this standard was determined through review of procedures, practice and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRRCRF Completed PAQ
2. FDC Procedure 602.053
3. PREA training curriculum
4. Interviews with the following:
 - a. Warden
 - b. PCM
 - c. Volunteer
 - d. Contractors

Procedure prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The Warden stated during interview that if an allegation of sexual misconduct by a volunteer or contractor is reported, the person would not be allowed back on the facility until the completion of the investigation and only if the allegation is found to be unsubstantiated or unfounded. A contractor or volunteer who engages in sexual abuse would be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. In the past 12 months there have been no PREA allegations reported regarding contractors or volunteers. Interviews with contractors and a volunteer confirmed they were aware the consequences for engaging in sexual abuse or sexual harassment of inmates.

Compliance with this standard was determined through review of procedures, PREA training curriculum and interviews.

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)

- 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FAC Chapter 33-601-301 Inmate Discipline
 - a. Warden
 - b. Chief of Security

Per procedures, inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are commensurate with the nature and circumstances of the abuse committed the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process takes into consideration whether an inmate's mental disabilities or mental illness contributed to his or her behavior. The facility will only discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In the past 12 months there were no administrative finding of inmate on inmate sexual abuse and there have been no criminal findings of inmate on inmate sexual abuse. BRCRF prohibits all sexual activity between inmates and disciplines inmates for such activity. No inmates were found guilty of filing a false PREA report in the past 12 months.

Compliance with this standard was determined by review of procedures, practice and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. Email from Intake staff notifying a Mental Health referral
4. Mental Health evaluation notes
5. Interviews with the following:

- a. Intake officers
- b. Medical staff
- c. PCM
- d. Inmates that disclosed victimization

Per procedure, mental health staff will see any inmate who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse within 14 days of the intake screening. Medical staff will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institution setting.

The procedure states if the 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 medical or mental health practitioner within fourteen (14) days of the screening. Interviews with Classification staff indicated that while conducting risk assessment (SRI) if they becomes aware through other information or through the assessment that the inmate was ever victimized or ever perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The computerized SRI assessment automatically notifies medical and mental health once the individual performing the assessment checks prior victim or prior abuser. If medical staff makes a referral to mental health for a victim or perpetrator a paper copy of a referral is used.

The auditor interviewed mental health staff and confirmed a mental health screening evaluation is completed and documented. Informed consent is obtained for inmates who were victimized, not in an institutional setting. This informed consent is documented. A review of the mental health screening report indicates inmates are seen within 14 days of a referral. BRCRF does not house inmates under age 18.

The auditor interviewed inmates who disclosed prior victimization either upon arrival at BRCRF or it was noted in their record. All of them indicated they were referred to medical or mental health. The procedure mandates that 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.

The PAQ indicated 100% of the inmates assigned to the facility in the past 12 months who disclosed prior victimization were offered a follow-up meeting with the Mental Health Provider.

Compliance with this standard was determined through review of procedures, PREA risk assessments, vulnerability reassessments and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. FDC Procedure 401.010 Co-Payment Requirement
4. HSB 15.03.36
5. Completed FDC Alleged Sexual Battery Protocol
6. Interviews with the following:
 - a. Medical staff
 - b. PCM

Procedures state inmate victims of sexual abuse shall 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; and inmate victims of sexual abuse while incarcerated shall be offered timely information about information for sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. BRCRF is an all-male facility. BRCRF medical department is staffed 24/7. The mental health department is on site Monday through Saturday and available on-call after hours. Forensic exams are provided on-site by Panhandle Forensic Nurse Specialist. The services are provided at no cost to inmates regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical Staff interviewed reported the required information and services would be provided immediately and unimpeded. Documentation was provided.

Compliance was determined through review of procedures, documentation and interviews.

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.) 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.) 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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. BRCRF Policy 6.H.03
4. Statement of Fact
5. Interviews with the following:
 - a. Medical staff
 - b. PCM

Policies and interviews with Medical staff indicate BRCRF offers medical and mental health evaluations and, as appropriate, follow-up services and treatment to all inmates who have been victimized by sexual abuse. Inmates will be offered prophylactic treatment and follow-up for sexually transmitted or other communicable diseases; counseling and testing; and will be referred to the mental health staff for crisis intervention as necessary. BRCRF is an all-male facility. Medical staff when asked, considered the level of care comparable to (or better than) the community level of care. Mental health evaluations are conducted on all known inmate-on-inmate abusers within 60 days of learning of such abuse. Victims are provided services without cost whether the victim names the abuser or cooperates with any investigation. In the past 12 months, there were no allegations of inmate sexual abuse requiring ongoing treatment services.

Compliance with this standard was determined through review of procedures and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. BRCRF Policy 6.H.03
4. Administrative Investigative Report
5. After Action Reports
6. Interviews with the following:
 - a. PCM
 - b. Warden

Per policies, the facility is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. The policies identify the minimum members of the review team and cover the process for sexual abuse incident reviews, to include the form the review team uses. The form addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

BRCRF conducts a sexual abuse incident review within 30 days of the conclusion of every investigation that was substantiated or unsubstantiated. The review team is chaired by the PREA Compliance Manager and includes other upper level management members and is assisted by line supervisors, investigators, and medical or mental health practitioners. There were three after action reviews completed for all substantiated and unsubstantiated allegations of sexual abuse investigations during the past 12 months. The auditor reviewed all PREA After-Action Review Reports completed. The review did make recommendations for improvements which were implemented. Incident review team members were interviewed and were knowledgeable of the process.

Compliance with this standard was determined by review of the procedures, completed PREA After-Action Review Report and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure 602.053
3. BRCRF Policy 6.H.03
4. Monthly and Annual PREA incident tracking form
5. GEO PREA Data Annual Report (2017 and 2018)
6. Survey of Sexual Victimization (2017 and 2016)
7. Interviews with the following:
 - a. PCM
 - b. PREA Coordinator

Policies requires uniform data be collected for every incident of sexual abuse alleged to have occurring at BRCRF using a standardized instrument and set of definitions. The PREA Compliance Manager at BRCRF is responsible for collecting specific PREA data and submitting it to FDC and GEO central office. The Agency PREA Coordinator is responsible for collecting data from the agency institutions/facilities and ensuring that such data includes the information necessary to complete the Federal Bureau of Justice Statistics "Survey of Sexual Victimization" (SSV) form.

The data is used to assist the department in prevention, detection, and response policies, practices, and training. Interview with the GEO PREA Coordinator indicated the data is aggregated and an annual report prepared and compared to prior year reports, thus assisting in identifying problem areas, and taking corrective actions.

Compliance was determined through review of the procedure and supporting documentation, GEO Annual Reports and interviews.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure602.053
3. BRCRF Policy 6.H.03
4. GEO PREA Data Annual Report (2017 and 2018)
5. GEO website
6. Interviews with the following:
 - a. PCM
 - b. PREA Coordinator

GEO reviews all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The agency does this by identifying program areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed.

The PREA Coordinator prepares an annual report which includes corrective actions taken for each GEO facility. The annual report includes a comparison of the current year's data and corrective action with those from prior years to provide an assessment of GEO's progress in addressing sexual abuse. The GEO PREA Coordinator forwards the annual report to the Senior Vice President of Operations for his signature and approval. The report is made public annually on GEO's website at www.geogroup.com/PREA.

The review of the procedure, the GEO Annual PREA Reports which provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and interview with the PREA Coordinator demonstrated BRCRF exceeded the requirements of this standard.

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*)

Evidence Reviewed (documents, interviews, site review):

1. BRCRF Completed PAQ
2. FDC Procedure602.053
3. BRCRF Policy 6.H.03
4. GEO PREA Data Annual Report (2018 and 2017)
5. GEO website

6. Interviews with the following:
- a. PCM
 - b. PREA Coordinator

Per policies, GEO and the facility ensures that all sexual abuse data collected is properly stored and securely retained for at least 10 years. Access to data is controlled.

GEO make all aggregated sexual abuse data from all facilities under their control readily available to the public in an annual report. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed. The 2018 annual report is available on GEO's website at www.geogroup.com/PREA.

Compliance with this standard was determined through review of the procedure, GEO PREA Annual Reports, GEO website and interviews.

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*)

GEO policy 5.1.2-A, was reviewed and meets the requirement of this standard. The policy states during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that each facility is audited at least once by a PREA auditor who has been certified through the Department of Justice. This is the second PREA audit for BRCRF. The GEO website has PREA audit reports posted for 115 facilities which are either the first or a recertification audit.

The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements. The auditor was given access to and an opportunity to tour and visit all areas of the facility. The auditor was provided with an office that ensured privacy in conducting interviews with inmates and staff during the site visit. Notice of PREA audit was posted on April 16, 2019. Interviews with inmates stated they have seen posting. One inmate contacted the auditor prior to the audit.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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*)

Per the FDC and GEO policies and standard requirements, the FDC and GEO ensure that this final report will be published on their respective websites to be available to the public. The GEO website has PREA audit reports posted for 115 facilities which are either the first or a recertification audit. The most recent audit report appearing on the website was completed on May 18, 2019, well within the 90-day requirement.

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.

David Andraska P5115
Auditor Signature

7/5/2019
Date