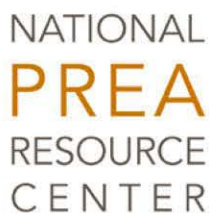


ADULT PRISONS & JAILS



<b>Auditor Information</b>			
<b>Auditor name:</b> Hubert L " Buddy" Kent			
<b>Address:</b> P.O. Box 515			
<b>Email:</b> auditorbuddykent@yahoo.com			
<b>Telephone number:</b> 850-509-1662			
<b>Date of facility visit:</b> May 3-5, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Reception and Medical Center			
<b>Facility physical address:</b> 7765 South County Road 231, Lake Butler, FL 32054			
<b>Facility mailing address:</b> <i>(if different from above)</i> P.O. Box 628, Lake Butler, FL 32054			
<b>Facility telephone number:</b> (386) 496-7101			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Steve Wellhausen			
<b>Number of staff assigned to the facility in the last 12 months:</b> 725			
<b>Designed facility capacity:</b> Main Unit 1109 West Unit 856 Work Camp 294			
<b>Current population of facility:</b> Main Unit 1256 West Unit 882 Work Camp 428			
<b>Facility security levels/inmate custody levels:</b> Close, Medium, Minimum and Community Custody			
<b>Age range of the population:</b> 18-82 years of age			
<b>Name of PREA Compliance Manager:</b> Hope Gartman		<b>Title:</b>	Assistant Warden
<b>Email address:</b> Gartman.Hope@mail.dc.dstate.fl.us		<b>Telephone number:</b>	(386) 496-7005
<b>Agency Information</b>			
<b>Name of agency:</b> Florida Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Florida			
<b>Physical address:</b> 501 South Calhoun Street, Tallahassee, Florida 32999			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 850-488-5021			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Julie Jones		<b>Title:</b>	Secretary
<b>Email address:</b> jones.julie@mail.dc.state.fl.us		<b>Telephone number:</b>	(850)717-3030
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Kendra Prisk		<b>Title:</b>	PREA Coordinator
<b>Email address:</b> prisk.kendra@mail.dc.state.fl.us		<b>Telephone number:</b>	(850)717-3303

## AUDIT FINDINGS

### NARRATIVE

The audit team proceeded to the conference room in the Administration building. The team expressed their appreciation for the opportunity to be involved with the Reception and Medical Center in the PREA process. The following persons were in attendance:

Steve Wellhausen, Warden  
Hope Gartman, Assistant Warden of Programs  
Randall Polk, Assistant Warden of Operations  
Andrew Parrish, Correctional Officer Retaliation Monitoring  
Marla Miller, Correctional Officer

Following the entrance meeting with staff, a tour of the Main Unit was conducted from 9:00 am to 12:30 pm on May 3, 2016. The auditor went back to certain areas in the institution on May 4-5, 2016. While touring several inmates and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and inmates informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. During the tour the auditor reviewed staffing; logs; physical plant; sight lines; tested the inmate phone system for reporting allegations and institution operations. Following the tour, the auditor began the formal interviews, review of investigations, and random checks of inmate records, medical, and training records. The Work Camp was toured from 4:00 to 6:00 pm on May 3, 2016. The West Unit was toured from 9:00 am to 12:00 pm on May 4, 2016. There are a total of 102 buildings on the Main Unit grounds and a total of eight buildings at the Work Camp. The design capacity for the Main Unit is 1109. The lawful capacity is 1470. The population at the time of the audit for the Main Unit was 1256. The average daily population for the Main Unit for the previous twelve months was 1258. The age range of the inmates assigned to the Main Unit is from 19 to 80 years of age. The average age of the inmate assigned to the facility is 41 years three months of age. The average length of stay is ten months for the facility. There are 94 inmates that were assigned to the facility prior to August 20, 2012. The areas toured at the Main Unit were a total of three multi occupancy cell housing unit, nine open bay dormitory housing units and various departments within the secured perimeter. The T cell unit (K-Dorm) houses three wings of 86 beds for segregation inmates. Segregation cells are double cell for a total bed capacity of 262. The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending investigation.

There are a total of fifteen buildings on the West unit grounds. The design capacity for the West unit is 856. The lawful capacity is 1148. The population at the time of the audit for the West unit is 882. The average daily population for the West unit for the previous twelve months was 960. The age range of the inmates assigned to the West unit is from 19 to 80 years of age. The average age of the inmates assigned to the facility is 39 years four months of age. The average length of stay is one year three months for the facility. The areas toured at the West Unit were a total of nine open bay dormitory housing units and various departments within the secured perimeter. The various departments toured were Security, Classification, Medical, Food Service and each housing unit. All inmates are received as transfers from the Main Unit.

The design capacity for the Work Camp is 294. The lawful capacity is 432. The average daily population for the Work Camp for the previous twelve months was 428. The population at the Work Camp at the time of the audit is 430. There are a total of eight buildings at the Work Camp. The areas toured at the Work Camp were a total three open bay dormitory housing units and various departments within the secured perimeter. The various departments toured were Classification, Food Service, and Security. All inmates are received at the Main Unit. The Main Unit transfers inmates to its' satellite facilities.

There have been 10,979 inmates assigned to Reception and Medical Center during the previous twelve months for 72 hours or more. The custody level of the inmate population is close to community. There is 725 staff assigned. There has been 92 staff hired during the past twelve months.

Prior to our arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. A list of all inmates currently housed at the facility that have had a PREA case was also requested. From these listings, one inmate from each housing unit, two segregated inmates, two who reported sexual abuse or harassment, two listed as non-heterosexual, and two inmate with limited English speaking proficiency were selected. The limited English proficiency inmate was interviewed utilizing the language line. There are no youthful inmates assigned to the facilities. There were 26 self reported LGBTI inmates and no transgender or intersex inmates assigned to the Main Unit. There were eighteen self reported LGBTI inmates assigned to the West Unit. There was one self reported LGBTI inmate assigned to the Work Camp. A total of 37 random inmate interviews were conducted. The iBAS identification system identified seventeen potential predators and two potential victims. There were sixteen hearing impaired inmates assigned to the facility. There were twelve visually impaired inmates assigned to the facility. 21 random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff interviews included eighteen interviews for staff designated as: Intermediate/Higher-Level, Medical, Mental-Health, Contractor, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, Intake Staff and a Volunteer. During the tour the auditor randomly spoke with fourteen staff and 53 inmates. There are 283 volunteers and 270 contractors approved to entry the facility on a daily basis.

There were 55 allegations of a sexual abuse and sexual harassment received at the Reception and Medical Center during the audit cycle. All had administrative investigations. The allegations were eighteen inmate on inmate sexual abuse, eleven inmate on inmate sexual harassment, fifteen staff sexual misconduct, and 11 staff sexual harassment. There were four cases closed each with a finding of unfounded.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Reception and Medical Center, West Unit Annex and Work Camp are built on 816 acres, located approximately two miles South of Lake Butler on County Road 231 in Union County. The physical address is 7765 South County Road 231, Lake Butler, Florida, located roughly thirty minutes north of Gainesville, Florida and one and one half hours southwest of Jacksonville, Florida. Included are three compounds: the Main Unit, the West Unit and the Work Camp, with the latter two located within a few miles from the main entrance. 102 buildings are included, with 132 multiple occupancy cells, 44 single cells, and 21 dormitories: nine in the Main Unit, nine in the West Unit and three in the West Camp. Initial construction of the facility was completed between 1965 and 1967 occupying 52 acres of main compound surrounded by two perimeter fences with seven strategically located perimeter towers. Since opening the facility in 1967, with 22 officers and 34 minimum/medium inmates, the facility has grown to one of the most complex facilities in Florida Department of Corrections with a maximum capacity of 3409 inmates of all custody levels and medical grades. Inmate labor was utilized for much of the construction of the present facility from its inception, the Reception and Medical Center was intended to serve the dual purpose of a Reception Center and a central Medical Facility. It has the distinction of being the first such unit to become operational in the Florida Department of Corrections with its first new commitment in 1968. Its 120 bed acute care hospital opened four years later, in 1972. The hospital consists of a medical, post-surgical and psychiatric ward and has both inpatient and outpatient clinics as well as a modern contract surgery unit. Inmates requiring more intensive surgery or medical care are treated at Memorial Hospital in Jacksonville, a contract facility where they have a fourteen bed secure ward and a nine bed overflow ward. As an institution, they are tasked with processing newly committed inmates throughout the State of Florida, until transfer to a permanent facility. They simultaneously operate the only fully licensed hospital and cancer treatment center located inside a secure perimeter in Florida and provide medical, dental and mental health. The Reception and Medical Center (RMC) is a Security Level six Institution which houses all custody levels of inmates as it serves as both a reception/diagnostic/classification unit for newly committed male felony offenders and a central medical facility/hospital for the treatment of inmates from throughout Florida DOC both on a day basis and for long term medical care. Although death row inmates are processed as new commitments, they are transferred within one day to designated DOC facilities. RMC is not designated as a close management (CM) facility but routinely house CM inmates for medical care if admitted by a physician. Female inmates are accepted for acute medical care only and are not housed for medical treatment required due to pregnancy or delivery. The Main Unit compound is a campus style setting with widely separated buildings occupying 52 acres. The buildings consist of eight open-bay dormitories, a T-building confinement unit, Auburn style confinement building converted to house open population and youthful offender inmates, a hospital, food service and several administrative and program buildings. The West Unit is located two miles South of Lake Butler on State Road 121. It was constructed during fiscal year 1989-1990 on land donated by Union County to Florida Department of Corrections. It consists of 266 acres, 31 of which are within the perimeter fence. Included are nine open bay dormitories, a multipurpose building for medical and classification, food service and an administration building. The West Unit is a Level four Institution which houses Close, Medium, Minimum and Community Level inmates. This unit serves a dual purpose of temporarily housing inmates undergoing medical treatment at the Main Unit as well as reception/orientation of inmates who are awaiting transfer to a permanent institution. The West Unit does not have a confinement unit and consists of open bay housing. It acts as a holding unit for transient inmates in the reception process, medical inmates in various stages of treatment and transit inmates who are pending transfer as well as a small complement of permanent inmates. The RMC Work Camp, located two miles south of Lake Butler on County Road 231, became fully operational in 2006. Built on approximately thirteen acres, buildings consist of three open bay dormitories, a dining hall, chapel, program building, Visiting Park and an administration building. The Work Camp at RMC is a Security Level three Facility which houses Medium, Minimum and Community custody level inmates who are utilized on outside work squads both within and outside the facility in the community. The Work Camp also provides space for RMC Re-Entry programming.

The mission statement is: "To efficiently and appropriately process felony offenders into the Department of Corrections and provide necessary medical treatment to all offenders present at the Reception and Medical Center." Their Re-Entry Mission is: To provide offenders with the necessary resources to aide them with successful re-entry into society, which in turn helps reduce recidivism." The Florida Department of Corrections Mission Statement was displayed and viewed by auditors: "To promote safety of the public, our staff and offenders by providing security, supervision, and care, offering opportunities for successful re-entry into society and capitalizing on partnerships to continue to improve the quality of life in Florida." Their goals are to (1) Provide for the care, custody and management of inmates while ensuring Public and staff safety, (2) Reduce victimization by preparing inmates for successful transition and re-entry into their communities, (3) Enhance public safety through effective supervision of offenders in the community, (4) Optimize organizational Performance, and (5) Ensure effective leadership at all levels of the Department."

## SUMMARY OF AUDIT FINDINGS

Not Met  
115.13 Staffing

Exceeded  
115.11  
115.33

Not applicable  
115.12  
115.14

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 1

Number of standards not applicable: 2

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

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

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

The facility meets the standard based on the Policy and Procedure 602.053 Prison Rape: Prevention, Detection and Response. The Department has an agency wide coordinator. 98 percent plus of her work time is spent on PREA. She coordinates with the other 49 institutional PREA managers and seven private facilities. The PREA Coordinator reports to the Director of Security Operations. The PREA Coordinator was very knowledgeable about the PREA requirements and is considered very effective in meeting the requirements of PREA. The institutional PREA Compliance Manager is the Assistant Warden for Programs. She reports to the Warden. The institutional PREA Compliance Manager coordinates with all areas of the institution to achieve compliance with the standards. The PREA Compliance Manager made sure all documents needed were forwarded to Auditor in time to make for a smooth audit.

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

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

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

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

Facility does not monitor contract work release centers.

### Standard 115.13 Supervision and monitoring

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

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

The facility operates at Level I staffing levels. Procedure 602.030 states Level II posts are essential to the daily normal operation of a facility. Operating at Level II allows all activities and programs to be marginally staffed. Level I posts are critical for the daily operation of a shift. The post chart shows one sergeant and one officer per housing unit. One of the two is then assigned secondary duties to provide security coverage for the yard, recreation, dining hall or canteen lines. This leaves one officer on the unit. They are assigned to the officer station. Routines rounds are not being made due to level I staffing. TEA's are not allowed to directly supervise inmates. Daily housing logs reflect shift supervisors making unannounced rounds on all shifts.

(1) SECURITY STAFFING LEVELS:

Level I posts are critical for the daily operation of a shift. Operating at Level I may include limiting certain activities such as recreation or work squads. (The Duty Warden must grant her/his approval to eliminate or delay any of these daily activities.) Level I posts will not be utilized for special assignments, extended special assignments, or loans to other departments on a routine basis.

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The most common deviations were unscheduled absences, medical trips to outside hospitals, Sick Leave.

### Standard 115.14 Youthful inmates

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

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

N/A Facility is an adult housing facility. No youthful inmates are housed here.

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

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

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

Reception and Medical Center is an adult male facility. Policy states staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances; and shall document all cross-gender strip searches and cross-gender visual body cavity searches. Based on documents reviewed and interviews of staff and inmates, Reception and Medical Center has not conducted cross-gender strip searches or cross-gender visual body cavity searches in the last twelve months. Departmental Policy states institutions shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status; and if the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Staff is trained how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Through interviews of staff and inmates it was determined staff do not search or physically examine a transgender or intersex inmates for the sole purpose of determining the inmate's genital status, and only medical staff if needed would make that determination. Review of training records, lesson plans, and interviews of staff demonstrated staff had been trained to conduct how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Dormitory housed inmates are provided privacy while showering (half walls) and while using the bathroom. Female staff announce each time they enter into the housing units. This process was verified during the tour and with the interviews conducted with the inmates and

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

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

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

The Department has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Department ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The auditor interviewed two limited English proficient inmates utilizing the Language Line. They indicated that staff has provided them information on PREA reporting. The auditor verified a staff translator list was available. The Department has a contract with Language Line for all languages. The language line is available for use by staff when a staff translator is not available. There are posters in English and Spanish posted next to the telephones. Policy prohibits the use of inmate interpreters except in emergency situations or the inmate's safety would be compromised. Staff and inmate interviews all supported that inmates would not be relied on as translators. No translators were utilized during the previous twelve months.

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

### Standard 115.17 Hiring and promotion decisions

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

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

The Departmental Policy for Background Investigation and Appointment of Certified Officers (208.049) does not allow hiring or promotions of anyone who has been convicted of sexual abuse in prison/jail or in community. Background checks are done on all employees, contractors and volunteers. Background checks (FCIC/NCIC) are conducted on all new hires. The Department is connected as a level II employer and any arrest is provided to the Department upon entry into the system. All volunteer and contract re-checks are completed annually and are up to date. According to the interview of the Central Office Human Resource person that handles all requests for employees seeking employment any criminal history is reported to the prospective employing institution. There were 92 background checks completed on new hires.

115.17 (a) -1 208.049 Sections 4a, 4c & 4d Pages 6 & 7

115.17 (a) -1: 208.049 6b Page 11

115.17(a)-1 208.049 7a & 7d Pages 11 & 12

115.17(a)-1 208.049 8a2 & 8b Page 13

### Standard 115.18 Upgrades to facilities and technologies

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

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

The agency/facility installed or updated a video monitoring system. The segregation unit camera system was updated to include audio. Additional cameras have been installed in other housing units at all three facilities.



### Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The Office of the Inspector General conducts all investigations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment pursuant to section 944.31, F.S., Procedure 108.003, Investigative Process and Procedure 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations except when a Memorandum of Understanding is in place. Inspectors were trained by the Moss Group to conduct sexual assault investigations. The Department of Corrections has a current agreement with the Panhandle SART to conduct forensic examinations. Investigative Officers confirm the Chain of Evidence Protocol during the interview process. Policy is no co pay for any PREA incident or follow-up. Mental health services are provided by Centurion staff. Centurion staff provides follow up counseling. Currently there is not an outside agreement to provide crisis counseling and victim advocacy services, however the Department utilizes facility staff or central office trained central office staff. There was one forensic exam completed by Panhandle SART during the previous twelve months.

115.21 (a)-3:Procedure 108.015 Section 7b, 7e, 7g – 7i, 7l, 7r, & 7u Pages 5-6, 9b3 Page 7, 9b9 & 9b10 Page 8  
Procedure 602.053 Section 4a5, Page 10, 5 a-g Pages 11 & 12

### Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Interviews with administrative staff and investigative staff corroborate that all reports of sexual abuse or harassment are reported to the Inspector General's office. Procedure 108.015 covers sexual abuse and harassment investigations. A Management Incident Notification System document is completed on each incident and forwarded to the Inspector General's Office. The Department ensures that an administrative and/or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015.

During the past twelve months, the number of allegations of sexual abuse and sexual harassment that were received is 55. During the past twelve months, the number of allegations resulting in an administrative investigation is 55. During the past twelve months one allegation resulted in criminal investigation. There were four cases closed during the past twelve months. All closed cases were unfounded.

Procedure 108.015 Page 7-8 Inspector Responsibilities

### Standard 115.31 Employee training

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

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

The facility trains all employees who may have contact with inmates on the following matters: the Department's zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; The right of inmates to be free from sexual abuse and sexual harassment; The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse. Each employee, regardless of his or her position, is trained as a first responder. Each housing unit has a laminated poster in the officer station outlining responsibilities in responding to allegations of sexual abuse. Interviews of random staff and general questions asked during the tour clearly indicated staff understanding of all aspects of responding to allegations of sexual abuse. Training records, staff interviews and curriculum reviewed indicated that the staff at is trained. In the past twelve months, 725 of 725 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive. Staff Training records are maintain in E-Train data base. Each staff receives an annual refresher course on PREA related topics.

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

### Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates have been trained on their responsibility under Department policies. In the past twelve months, there have been 270 volunteers and contractors who have been trained in the agency's policies. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received. The facility maintains documentation of volunteer training in the chaplain's office. Medical maintains their training files in the medical department. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault.

115.32 (a) 1: Procedure 602.057 Section 1g1 Page 5

### Standard 115.33 Inmate education

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

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

Departmental policy requires that all inmates receive PREA information upon arrival and PREA education as part of the Reception and Orientation process. During reception inmates are provided information through a PREA pamphlet and inmate rule book (both available in English and Spanish) that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents. In addition inmates view the PREA video and are given time to ask questions and staff stop the video and emphasize the points of zero tolerance and how to protect themselves from abuse and harassment. Comprehensive PREA education is completed within the first 24 hours of arrival to the facility via the video, handout and rule book. Inmates acknowledge receiving the PREA information in writing. Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates. Information provided included: inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. Additionally, Reception and Medical Center conducted inmate PREA training in town hall type meetings ensuring all inmates have received PREA training. During the tour and interviews most inmates acknowledged the information being provided upon arrival and orientation. They definitely knew the agency zero tolerance policy; the difference between sexual abuse and sexual harassment; and that they have the right to be free from retaliation for reporting such incidents. A random review of inmate records showed that inmates acknowledge through signature they have received and understood the training. During the last twelve months 10,979 inmates were given this information at intake.

### Standard 115.34 Specialized training: Investigations

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

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

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

115.34 Procedure 108.015 Page 10 & 11

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

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

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

Medical and mental health practitioners who work regularly at Reception and Medical Center are trained. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility medical staff does not conduct forensic examinations. The number and percent of all medical and mental health care practitioners who work regularly at Reception and Medical Center and have received training by the agency policy are 250 and 100% respectively.

115.35 Procedure 602.053 page 7 &8

**Standard 115.41 Screening for risk of victimization and abusiveness**

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

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

The Department has an aggressive initiative to reduce in-cell violence between inmates. The focal point of this initiative is to ensure inmates considered predators or potential predators are housed appropriately. Inmates that can be considered a danger to others should not be housed in cells with inmates who can be considered potential victims. To that end, a major system identifies these types of inmates as well as inmates that may be sexual aggressors or victims. The system is iBAS (Inmate Behavioral Assessment Scale). The Department utilizes a complex web system designed by the Bureau of Classification Management to identify potential inmate predators, prey and those inmates at risk for sexual violence either as an aggressor or as a victim. This is a multi-tiered system that performs a variety of significant functions including ensuring appropriate housing of identified and potential predators and sexual aggressors. Criteria to include past violent convictions, violent disciplinary reports, STG affiliation, release dates, as well height and weight differentials are considered when housing inmates. The housing officer must review and approve any bed changes made.

There were 10,979 inmates entering the facility whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. There was 55 reassessments completed during the previous twelve months.

115.41 (a) -1: 602.053 Section 2a1, 2a6 & 2a7 Page 6, 11 Page 14

### Standard 115.42 Use of screening information

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

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

The auditor interviewed members of the security staff and classification staff to question them on how the iBAS system is used to determine work/housing and education assignments. Each explained how it was used in detail considering victimization among other things. The placement of transgendered and/or intersex inmates is done only after a Medical Review Committee has reviewed the case. Transgender/Intersex inmates receive a face-to-face review within fourteen days of arrival, biannually and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned. Additionally, inmates who are identified as at high risk for perpetration or victimization are monitored through the IBAS system, to ensure inmates are not assigned to work, housing or education assignments in a manner that might increase their propensity for abuse. There is no transgender/intersex inmates assigned to the Reception and Medical Center. Staff interviewed acknowledged transgender/intersex inmates would be given an opportunity to shower separately.

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

### Standard 115.43 Protective custody

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

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

The administrative segregation unit is housed in K housing unit. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter. Review shows there were no high risk inmates placed in protective status during the intake process.

FAC 33-602.220 Page 1 Section 1A,2A,2B; Page. 2 Section 3C; Page 3 Section 3C-3G, Page 4 Section 4D; Page 5 Section 5A-5G; Page 6 Section 5H-5P; Page 8 Section 8A-8C and 9A

### Standard 115.51 Inmate reporting

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

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

The Department of Corrections provides multiple ways for inmates to report sexual abuse, sexual harassment, and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Inmates can call the Department hotline and they can also report to staff verbally or in writing. The Departmental website provides for third party reporting. Interviews of inmates, staff and review of policies, inmate handbooks and information posted next to the inmate phones in the housing areas verified the inmates have multiple internal ways to report incidents of abuse or harassment. During the tour the auditor tested the numbers, some were initially blocked, but this was corrected during the audit. Examples of inmate reporting through different means were reviewed when investigative cases were reviewed. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are promptly documented by incident reports. Policy and staff training provide ways for staff to report sexual abuse and sexual harassment of inmates. During interviews some staff knew they could report sexual abuse and harassment of inmates to the Inspector General via the hotline. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard. The Department of Corrections does not house inmates solely for civil immigration.

FDC Procedure 602.053  
FAC 33-103.006 Filing a Formal Grievance

### Standard 115.52 Exhaustion of administrative remedies

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

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

Inmates may file a grievance; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process would not involve staff who may be the subject of the complaint. FAC 33-103.006 states "If the inmate or third party is filing a grievance involving sexual abuse, it shall be clearly stated in the first line of the grievance that it is a grievance related to sexual abuse. Also on Form DC1-303 the third party filer shall check the box next to Third Party Grievance Alleging Sexual Abuse. If this statement is not included in the grievance and if the third party box is not checked, the grievance shall be responded to. This will not be a reason to return the grievance without action to the filer". There have been eleven grievances involving PREA related issues filed during the previous year.

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

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

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

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

The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse with a memorandum of understanding with Another Way, Lake City, Florida. Inmates are provided mailing addresses and telephone numbers. Inmates are provided reasonable communication between inmates and these organizations in as confidential a manner as possible. The Institution informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The institution informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality.

### Standard 115.54 Third-party reporting

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

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

The Department has third party reporting of sexual abuse or sexual harassment through the public website via third party grievances and the citizens complaint form. Inmate and staff acknowledged both during interviews. The third party grievance form is available online at [www.dc.state.fl.us/oth/inmates/prea-grievances.html](http://www.dc.state.fl.us/oth/inmates/prea-grievances.html). The citizens complaint form can be found at <http://www.dc.state.fl.us/apps/igcomplaint.asp>. Information is also posted near the telephones that provide the inmates a telephone number to make third party reports, along with numbers to tell family and friends to make third party reports. Interview of inmates demonstrated they knew how third party reporting could be accomplished. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect an offender has been sexually abused, sexually harassed or requires protection. Offenders interviewed were aware of this method of reporting.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

### Standard 115.61 Staff and agency reporting duties

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

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

Department policies require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the Inspector General via the MINS reporting system. Review of investigative files; and interviews of staff and inmates verified staff immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the Inspector General.

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

### Standard 115.62 Agency protection duties

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

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

Departmental policy requires staff to take immediate action to protect any inmate they learn is subject to substantial risk. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Shift Supervisor, Chief of Security and Warden. In the past twelve months, 55 times the inmate was removed from population so the facility could determine that an inmate was subject to substantial risk of imminent sexual abuse. The facility made the determinations immediately when learning of the threat.

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



### Standard 115.63 Reporting to other confinement facilities

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

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

Departmental policy requires when a sexual abuse allegation is reported that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. Interviews of the Warden, Assistant Warden and PREA Compliance Manager demonstrated they knew the procedures to follow. There were seven alleged incidents at other institutions reported during the intake process to staff. Documentation provided indicated the reporting institutional Warden notified the Warden where the incident allegedly occurred.

FDC Procedure 602.053 Page 10/Sec. 8

### Standard 115.64 Staff first responder duties

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

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

Procedure clearly specifies procedures to respond to an allegation of sexual abuse for both security and non-security staff. Random interviews with staff confirm both security and non-security staff knew what to do upon learning an inmate was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence including, as appropriate, not washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating;. Staff was very cognizant about ensuring safety and well-being of an alleged victim while insuring that physical evidence is not destroyed or contaminated. Review of investigative files further demonstrated security and non-security staff knew what to do as the first responder to a sexual assault. Training records and staff interviews confirm the staff is trained as first responders. In the past twelve months there were 27 allegations of sexually abuse. Seventeen were reported to security staff. Ten were reported to non-security staff. In each case the staff member receiving the allegation separated the alleged victim and abuser. One case was within the time period that allowed for collection of physical evidence.

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

FDC Proc. 602.053 Pg. 10/Sec.4A4

PREA Staff Training Curriculum Pg. 2/Sec. 21-23; Pg. 3/Sec. 21-22; Pg. 4-6/Sec. 22-2

### Standard 115.65 Coordinated response

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

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

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

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

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

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

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

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

### Standard 115.67 Agency protection against retaliation

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

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

Departmental procedure describes the policy and practice to be followed to ensure that there is no retaliation against any inmate or staff member who reported sexual abuse or sexual harassment. The Assistant Warden of Programs is the staff member charged to ensure compliance to this policy. PREA staff monitors the conduct or treatment of inmates who reported sexual abuse and who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. Classification staff receives an appointment (IM05) to interview the inmate every 30 days. The classification staff contact PREA staff with the appointment. They conduct periodic checks up to 90 days but beyond if the Assistant Warden of Programs feels the situation requires it. With inmate retaliation the Classification staff looks at inmate disciplinary reports, housing, and or program status changes. The Assistant Warden of Programs monitors staff by reviewing performance reviews or reassignments and shift changes.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 10 Section 4A7, Page 9-10 Section 4A page 9 Section 3C

Corrected

June 1, 2016 Reception and Medical Center will conduct a more comprehensive review during the 90 day monitoring period which includes more than mere status checks but checking measurable data. Staff have received training on the requirements of monitoring for retaliation and developed a protocol (personal checklist) to follow ensuring complying with PREA retaliation monitoring requirements.

### Standard 115.68 Post-allegation protective custody

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

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

The Department has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. There were 27 inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of assessment. There were 10 inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past twelve months for longer than 30 days while awaiting alternative placement. Proper justifications were not documented related to the inmates safety and why not alternative housing was available. In addition, there was not documentation showing whether recreation, education and programming were available for these inmates in segregated housing.

Corrected: If inmates are to be involuntarily segregated for more than 24 hours, staff now enter justification on the IM02 related to the inmates safety and why no alternative housing is available. These inmates are also provided access to education, programs and recreation. Documentation of approval or denial and the reasoning behind the denial is made on the IM02.

### Standard 115.71 Criminal and administrative agency investigations

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

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

The Department of Corrections Office of Inspector General conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so thoroughly, and objectively for all allegations, including third-party and anonymous reports. Third party and anonymous reports are treated no different than a first person report. The Inspector conducts all investigations as soon as possible once notified of the allegation. According to her interview the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. The Inspector's training records and interview demonstrated the special training they received from the Moss Group and the Department trainers. Inspectors are responsible for gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the preponderance of evidence appears to support criminal prosecution, the Office of the Inspector General conducts compelling interviews only after consulting with the State Attorney as to whether compelling interviews may be an obstacle for subsequent criminal prosecution. A substantiated allegation of conduct that appears to be criminal is referred for prosecution. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations document in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

FS 944 31 Pn 1

### Standard 115.72 Evidentiary standard for administrative investigations

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

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

Investigative Procedure indicates that only a preponderance of evidence is the standard when determining allegations of sexual abuse or sexual harassment is substantiated. During the interview with the Inspector he indicated that this is the threshold used by inspectors in their investigations.

FDC Procedure 108.003 page 3 Section 20, page 5 Section 39, page 6 Section 43-44, Page 7 Section 54-55, page 11 Section 5E, Page 16 Section 8  
FDC 108.015 Investigative Process

### Standard 115.73 Reporting to inmates

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

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

The auditor reviewed completed investigative files at Reception and Medical Center. There were four closed cases. Each was unfounded. In each case file was written notice of notification where the inmate was informed of the outcome of the investigations whether it had been determined to be substantiated, unsubstantiated, or unfounded. If there were any substantiated allegations of sexual abuse by a staff member, the inmate would be informed in writing to include whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the inmate was alleged to have been sexually abused by another inmate, the Inspector informs the alleged victim whenever: the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or been convicted on a charge related to sexual abuse within the facility.

FDC 602.053 page 14 Section 9  
FDC 108.015 Page 10 Section 11B, 11D

### Standard 115.76 Disciplinary sanctions for staff

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

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

Staff is subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies

Florida Statute 944.35 Page 2 Section 2B1-2B3 SEction 3D, Section 4A-4B  
FAC 60L-36.005 (3) d-g

### Standard 115.77 Corrective action for contractors and volunteers

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

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

The employee code of conduct policy applies to contractors and volunteers. It requires contractors or volunteers who engaged in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden reported that have been no allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they were aware of the zero tolerance policy for engaging in sexual abuse or sexual harassment of inmates or staff. There have been no issues with any contractors or volunteers at the Reception and Medical Center.

FDC 602.053 Prison Rape: Prevention, Detection, and Response  
FDC 205.002 Contract Administration and Management 205.002 Page 24 Section 15C4

### Standard 115.78 Disciplinary sanctions for inmates

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

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

Inmate handbook states “There is no such thing as legal consensual sex in prison. The Department of Corrections policy and the law prohibit sexual behavior between inmates”. Disciplinary policy stipulates that inmate-on-inmate sexual activity (not forced) will result in a disciplinary report be written for violation of 9-7 Sex acts or 9-18 unauthorized physical contact involving inmates. This report results in a disciplinary hearing being held on the inmate within the facility. Inmates perpetrators are disciplined and/or reviewed for close management if the OIG determines a sexual abuse case is substantiated. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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

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

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

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

Procedure requires that any inmate reporting any prior victimization or indicating sexual abuse be seen no longer than fourteen days after arrival. Any inmate received that makes any reference to victimization and/or perpetration of sexual abuse is seen by medical/ mental health usually right after intake interview or the next day. In the past twelve months, there were 100 inmate that reported prior victimization during the intake process. In the past twelve months, there were sixteen inmates who have previously perpetrated sexual abuse, as indicated during the screening. All of these inmates were offered a follow up with mental health. Medical and Mental Health staff get informed consent before reporting prior sex victimization, which took place not in an institutional setting. Mental health staff maintains DC forms and logs documenting compliance with Health Service Procedures. The information shared with other staff is strictly limited to informing security and management, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required Departmental Procedure.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12 Section 6A-6B

**Standard 115.82 Access to emergency medical and mental health services**

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

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

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

FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response Pages 12-13 Section 6C-6F  
Health Services Bulletin 15.03.36  
Procedure 401.010 Page 3 Section 1D9

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

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

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

Procedure 602.053 requires all inmates be offered medical and mental health evaluations who report they were sexually abused in any prison, jail or juvenile facility. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate through Centurion and are offered any follow up services as necessary. Centurion offers mental health service to all known inmate victims. Mental health services are also offered to all known inmate abusers, if appropriate. Treatment services are provided without financial cost. This practice was confirmed by interviews with Medical and Mental Health staff.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12-13 Section 6C, 6E-6F  
Health Services Bulletin 15.03.36

### **Standard 115.86 Sexual abuse incident reviews**

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

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

Policy requires post incident reviews are done within 30 days of the conclusion of every investigation except where the allegation was unfounded. This was confirmed in interviews with the Major, Warden and PREA Compliance Manager. The Assistant Warden of Programs/PREA Compliance Manager is to document the review in a report, including recommendations for improvements, if any to the Warden. The incident review team is made up of the Assistant Warden of Programs, Chief of Security and the Classification Supervisor. The review team gets input from line supervisors, investigators, and medical or mental health practitioners. There were four close cases all unfounded.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 3-4 Section 17-18 page 14-15 Section 12



### Standard 115.87 Data collection

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7 2015 Corrective Action Plan for the

### Standard 115.88 Data review for corrective action

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

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

The Department of Corrections reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem 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 Reception and Medical Center as a whole. Such reports includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the Reception and Medical Center's progress in addressing sexual abuse.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7 2015 Corrective Action Plan for the facility.

**Standard 115.89 Data storage, publication, and destruction**

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

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

The Department ensures that incident-based and aggregate data are securely retained. Departmental policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, the Department removes all personal identifiers. The Department maintains sexual abuse data for at least ten years. Up to date survey information is submitted and verified by the PREA Coordinator. In addition to keeping the paper documents according to retention schedule a retention folder is located on the computer at cos201\PREA Retention.

FDC Procedure 602.053 Page 13 Section 7 Page 14 Section 10-11  
115.89 (b)-1 Survey of Sexual Violence Part B

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Hubert L. "Buddy" Kent

October 3, 2016

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

\_\_\_\_\_  
Date