

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Hardee Correctional Institution			
Physical address: 6901 State Road 62, Bowling Green, Florida 33834			
Date report submitted:			
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Date of facility visit: July 22-24, 2014			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number: 863-767-4500			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> X State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> X Prison	
Name of PREA Compliance Manager: Larry Olson		Title: Assistant Warden-Programs	
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Agency Information			
Name of agency: Florida Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Florida			
Physical address: 501 South Calhoun Street, Tallahassee, Florida 32310			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
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Agency-Wide PREA Coordinator			
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AUDIT FINDINGS

NARRATIVE:

The audit team proceeded to the conference room in the Administration building. The team expressed the appreciation for the opportunity to be involved with Hardee Correctional Institution in the PREA process.

The following persons were in attendance:

Larry Olson, Assistant Warden
Glenn Morris, Assistant Warden

After a brief discussion about the audit, the team proceeded to the compound for a facility tour. Upon arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. I requested a list of all inmates currently housed at the facility that have had a PREA case. From these listings, I randomly selected one (1) inmate from each housing unit, one sight impaired inmate, segregated inmate and three (3) who reported sexual abuse or harassment. The Language Line was utilized to interpret for the limited English proficiency inmate. There are no youthful inmates assigned to the facility. There are no transgender or intersex assigned to the facility. There are 19 inmates listed as bisexual and 5 listed as gay inmates assigned to Hardee C.I. A total of twenty-eight (28) random inmate interviews were conducted. Eighteen (18) random staff interviews were conducted and included staff from all work shifts and all areas of the facility. The Specialized Staff Interviews included fourteen (14) interviews for staff designated as: Intermediate/higher-level, Medical, Mental-Health, Volunteer, Contractor, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, and Intake Staff. The Secretary, PREA Compliance Coordinator, Human Resources staff and SART Nurse were formally interviewed at the Department's Central Office for the first audit. In addition to the randomly selected inmates we also interviewed approximately 22 staff and 28 inmates as we toured the compound during the tour and the 3 days of the audit.

The tour of the facility was conducted on July 22, 2014 from 8:30 am to 1:30 pm. There are a total of 37 buildings at the Main Unit. Segregation/Confinement unit is located in Building 5 Wing 1, 2 and 3. These are 28 double bunked cells per wing with a total of one hundred sixty eight (168) beds. The Administrative Confinement unit has thirty (30) two person cells for a total of sixty (60) beds. These are housed in Y dormitory directly behind the classification medical complex. Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending transfer. There are five cell units there are double bunked. There are two (2) open bay housing units at the main unit and two open bay housing units at the work camp. Design Population is 1541. Current population is 1616. The average population for the past twelve months is 1638. There were 2492 inmates admitted to the Main Unit in the past twelve months, 489 to the Hardee Work Camp. There were 744 inmates admitted to the facility prior to August 12, 2012. All were admitted as intra system transfers. All were housed for more than 72 hours. There are 744 inmates assigned to the facility who were admitted prior to August 20, 2012. The age range of inmates is 20 to 85 years of age. There are no youthful inmates assigned to Hardee or its satellite units. There is 332 staff assigned to Hardee and the satellite units. There are 86 new hires that have contact with inmates.

This is the initial audit for the facility. The average time under supervision is 31.28 years. Wexford Medical is the contract provider for health care. There are 27 employees employed by Wexford all who are trained according to the records provided.

The following areas and operations were visited and observed: Inmate housing areas, Health Care Services, Food Service, Religious Services, Intake area, Education, Recreation, Confinement/Segregation Unit, Canteen, Laundry, Facility Maintenance Operations, Classification and Records, Warehouse, Administration Offices, Mental Health Services and Security Control Room.

The Facility Mission Statement is: The mission of Hardee Correctional Institution within the Department of Corrections is to protect the citizens of Florida and Hardee County through prudent classification, strong security practices, and supervision of inmates at a level of security commensurate with the danger they represent; to provide a safe and humane environment for all employees, volunteers and inmates through a management philosophy based on fairness and consistency; and to assist offenders obtaining the skills and abilities necessary for successful transition back into society.

The Agency Mission Statement is: To protect the public safety, to ensure the safety of Department personnel, and to provide proper care and supervision of all offenders under our jurisdiction while assisting, as appropriate, their reentry into society.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Hardee Correctional Institution [HCI] is a Florida Department of Corrections [DOC] facility located at 6901 State Road 62, Bowling Green, Florida, with an adjunct Work Camp located approximately one-quarter mile from the Main Unit. HCI officially opened as a close custody, adult male, programs-oriented facility and began receiving inmates in April 1991. In July 1994, HCI was tasked with a dual mission of supervising offenders designated as Close Management as well as open population inmates. HCI housed and managed Class Management I, II, and III offenders, but no longer does so. In August 2001, the facility's offender management mission again changed as the DOC reorganized, and HCI returned to its original mission of a close custody, adult male, programs-oriented facility. HCI currently houses Close, Medium, Minimum and Minimum-Community custody inmates in the Main Unit. The Minimum and Minimum-Community custody inmates are initially classified as such and are awaiting transfer to the Work Camp to be utilized according to those classifications.

The Main Unit compound is comprised of a total of 38 buildings. Twenty of those buildings are located inside the secure perimeter and are of concrete block construction. Inside the secure perimeter of the Work Camp there are six buildings constructed of concrete block. The rest of the buildings are located outside the secure perimeter. Construction of the Work Camp was completed in 1995 and the buildings that comprise this compound are approximately 17 years old. The Work Camp houses Medium, Minimum, and Minimum-Community custody inmates. The Medium custody inmates are not allowed outside the security perimeter.

The interior of the Main Unit compound is subdivided into three sections, referred to North, South and Central. The areas are separated by two twelve-foot high cross fences that are secured by locked gates operated electronically from control rooms. There are five "butterfly" configured housing units inside the compound. Each housing unit has four (4)

units with 28 double-occupancy cells each for a total of 56 inmates per wing. Another “butterfly” housing unit Building five (5) wing 1 (bottom floor), 2, and 3 is utilized as housing for disciplinary segregation inmates. There is one “L” shaped administrative segregation unit located behind the multi-service building, with two open bay dormitories containing 144 beds each. Additional buildings located inside the secure perimeter are: a security building housing administrative offices and a property room; a multi-purpose building housing medical, dental, mental health, and classification offices; two inmate canteen buildings, located on the north and south ends of the Main Unit; a recreation pavilion; food service and inmate dining building; laundry; vocational building; inmate library; education building; chapel; and a central control room, which includes an inmate visitation area. Other buildings outside the secure perimeter include the Administrative Building, maintenance facilities, warehouse, mailroom, water treatment plant, sewage treatment plant, training building, firing range, and canine compound.

The Work Camp is comprised of seven buildings, along with a gatehouse inside the secure perimeter. There are twelve buildings and sheds outside of the secure perimeter. The Work Camp is secured by two twelve-foot high chain link fences with razor ribbon. There is a vehicular sally port at the front of the compound, and pedestrian traffic has access through the gate house entrance or through the sally port. The buildings that comprised the interior of the Work Camp are: two open-bay housing units with 144 beds each; a gate house which contains the control room, administrative and classification offices; a multi-purpose building which contains the Visiting Park, mailroom, inmate barbershop, shift supervisors office, medical, and inmate canteen; a food service/inmate dining building; a storage building; and a program building, which also houses the inmate library for the Work Camp.

HCI offers programs and services to include food services, medical care, dental care, recreation, multi-denominational religious programs and services, work programs, academic education, vocational education, visitation, social and mental health services, library, laundry, mail and telephone access.

Hardee Correctional Institution’s mission statement is: As a team of professionals uniting the efforts of all institutional departments, we maintain custody and control of all levels of felony offenders. We emphasize the goal of excellence while continually improving the quality of our efforts to meet the needs of the public, the offender and the Department.

The Florida Department of Corrections mission statement is: 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.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 0

Number of standards met: 36

Number of standards not met: 6 (13-15-31-33-41-53)

Number of standards not applicable: 1 (14)

**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)

The facility meets the standard based on the policy 602.053. This was confirmed in staff and inmate interviews. All were aware of the Zero tolerance policy. Inmates received training upon arrival to the facility. Staff has been trained and is trained annually during in service training. There are posters in each common area in English and Spanish advising of the Zero Tolerance as well. The department has an agency wide coordinator. Ninety eight (98) percent plus of her work time is spent on PREA. She coordinates with the other 49 state institutional PREA managers. She also coordinates with the Private facilities.

115.11 (a)-2: 602.053 Page 2 Section 2

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)

Hardee is the parent facility for Bradenton Transition Center. The contract clearly spells out the facility must meet the requirements in the PREA policy.

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)

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.

Daily housing logs reflect shift supervisors making unannounced rounds on all shifts.

115.13 (a)-1: 602.030 Section 4 Page 5

115.13 (a)-1: 602.030 Section 8 Pages 8 & 9

- (a) Security staffing levels are designated to assist supervisors in the daily staffing of their shifts by establishing priorities for post staffing which will assist in ensuring continued security and safety of staff, visitors, and inmates.
- (b) 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.
- (c) Under no circumstances will a shift begin below Level I staffing or be allowed to go below this level except in emergencies.
- (d) 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.
- (e) Level III posts are necessary for long term "normal" operation. Level III posts will generally be utilized to fill any Level I or Level II posts as needed prior to using the Extended Workday Roster.
- (f) Administrative shift positions listed as Level II or Level III may be used to meet the Level I needs on the second (2nd) and third (3rd) shifts before use of DC2-821.

115.13 (d)-1: Post order 3 Section 9 Page 2

FAC 602.33 Sections 5-8, Pages 4 & 5

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)

There are no Youthful Inmates housed in the facility.

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)

There is cross gender viewing based on an institutional policy requiring all cells to be located open from 6:00 am to 11:00 pm. The toilet and sink combo unit is located in the front of the cell. Inmates may not perform bodily functions or change clothing without non-medical staff of the opposite gender viewing their buttocks, or genitalia. Staff and inmates interviewed stated it was policy to lock the doors open.

Policy prohibits visual body searches and body cavity searches by the opposite sex. A review of search logs confirmed no cross gender visual body searches or body cavity searches were performed.

Female staff announces their presents on the housing units. This was confirmed during the tour and staff/inmate interviews.

There are no cross gender searches of inmates. Review of search logs confirm staff is following the procedure.

115.15 (a) -1: FAC 33-602.204 Section 1a, 2a, 4, 3a, 3d pages 1-2

602.018 Section 2 pages 4-5

602.036 Section 2 Pages 2- 4

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)

The auditor verified a staff translator list was available. The language line is available for use by staff when a staff translator is not available. There are posters in Spanish on all housing bulletin boards. Policy prohibits the use of inmate interpreters except in emergency situations or the inmate's safety would be compromised.

115.16 (a) -1 602.053 Sections 2e2 & 2e3 Page 8

115.17 Hiring and Promotions 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)

The facility through the servicing personnel office ensures no one with a history of sexual abuse in any confinement setting. The Central Office is immediately notified of any arrest of employees. There is a supplemental application that covers all the areas of the standards.

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

115.18–Upgrades to Facilities and Technology

- 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)

There are 25 cameras utilized at the facility. They are primarily utilized in the segregation units and the main yards on the North and South side of the facility.

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)

The Inspector General is responsible for investigating allegations of sexual abuse. First Responders interviewed verbalize the evidence protocol to maintain useable evidence for possible administrative or criminal proceedings. The agency has contracted with an outside SANE team to perform medically exams where appropriate. The inspectors were trained in conducting sexual abuse investigation by the Moss Group.

The agency is attempting to make available to the victim a victim advocate. They have the contract out for bid at the time of the audit. Wexford Healthcare is supposed to provide mental health counseling until the contract with the victim advocate is finalized.

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

602.053 Section 4a5, Page 10, 5 a-g Pages 11 & 12

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)

During the past twelve months there were forty three (43) allegations made. Forty three (43) were referred for administrative investigation. The inspector determined none reached the level of criminal investigation.

115.22 (a) -1: 108.003 Section 1a & 1b Page 7, 3a & 3b Page 11, 6b Page 12, 10a Page 17, 13a Page 18

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)

Training records show staff have received the PREA training. During the random staff interviews they had difficulty in answering the basic questions. The Transition House had new staff and they had not received the training.

The Main Unit and Work Camp have received training effective 10/31/14. Contract facility has not completed training as of 10/31/14.

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

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)

Based on interviews and review of training records, volunteers and contract staff have been trained/ Volunteers do sign that they understood the training. The training is provided in a read and sign format. There are currently 27 healthcare contractor employed at the facility.

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

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)

Interviews with inmates revealed that most inmates have received the training.

Inmates that are received for confinement status have not received the PREA training for a transfer facility. They are taken directly to confinement.

115.33 (c)-3: 601.210 Section 1a Page 2, 1c2 Page 3, 1d Page 3, 2c Page 3, 3 Page 4, 4a, 4b3, 4d Pages 4 & 5, 5b, 5c, 5g, 5h Pages 5 & 6

115.33 (d) -1: 602.053 Section 2a1 Page 6 & 2e Page 8

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)

Investigative staff received Train the Trainer from the Moss Group. All staff has been PREA trained for investigating sexual abuse and harassment cases.

(10) SPECIALIZED TRAINING INVESTIGATIONS:

- (a) In addition to the general training provided to all employees pursuant to section 115.31, F.S., the Department shall ensure that Inspectors have received training in the conducting of such investigations in confinement settings.
- (b) Specialized training shall include:
 1. techniques for interviewing sexual abuse victims,
 2. appropriate application of *Miranda* and Garrity warnings,
 3. sexual abuse evidence collection in confinement settings, and
 4. the criteria and evidence required to substantiate a case for prosecution referral.
- (c) The Department shall maintain documentation that Inspectors have completed the required specialized training in conducting sexual abuse investigations. Training documentation shall be maintained by the Bureau of Staff Development and Training.

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)

The Department has a state wide contract for trained SART nurses to respond to the facility. The SART team all have the appropriate training required.

115.35 (a) -1: 602.053 Section 2c & 2d Pages 7 & 8

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)

The Department has embarked on 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 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.

This system consists of five screens:

1. IM25 Dorm Capacity screen
2. IM26 Bed Inventory screen
3. IM27 Bed Profile screen
4. IM28 Bed Status screen
5. IM29 Internal Movement screen

The inmate is screen within 72 hours of arrival. There were 26 confirmed predators assigned to Hardee. There are 8 confirmed victims assigned to Hardee CI.

41G Inmates are not being reassessment when warranted due to referral, request, and incident of sexual abuse or receipt of additional information that bears on the risk of sexual victimization or abusiveness.

**115.41 (a) -1: 602.053 Section 2a1, 2a6 & 2a7 Page 6, 11 Page 14
601.209 Section 1k Page 5, 5i & 5j Pages 5 & 6, 8a & 8b Page 7**

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)

Inmates identified by medical and mental health as a transgender or intersex is noted on their Health Screen (HS06). Policy requires transgender and intersex is assessed biannually. The appointment is generated in the medical department. The facility will provide transgender and intersex inmates and opportunity to shower separately from other inmates.

**601.209 (Section 5i pg 6, 15a pg 10, 19b pg 11 & 24a pg 13)
602.053 (Section 2a2 2a3 2a6 & 2a8-2a11 pg 6-7**

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)

Segregation housing is used as a last resort. Inmates placed in Administrative Confinement in Protective status have limited privileges to programming the same as general population inmates. The investigation is completed as timely as possible. Classification staff reviews the inmate's status every seven days while in segregated status.

**115.43(a)-1: 33-602.220 Section 2a & 2b Page 1, 3, 3c, 3c3f, 3c3g Pages 2 & 3,
4d Page 4, 5a-5p Pages 5-7, 8c Page 8, 9a Page 8**

**33-602.221 Section 2a & 2d Pages 1 & 2, 3a-r Pages 2 - 4, 5a & 5b Pages 4 &
5, 8a -c Page 5**

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)

Policy provides for inmate staff reporting procedures. Staff and inmate interviews confirm they have been trained in reporting procedures. All were aware they could privately report an incident. All were aware of the TIPS line for reporting. During the tour the TIPS line number was posted by the phones.

115.51 (a)-1: 33-106.006 Section 2j Page 1 & Section 3j1c Page 2

602.053 Section 3 & 3d Page 9, Section 4a & 4a3 Pages 9 & 10

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)

Grievance procedure is clearly stated in policy. Inmates do not have to file an informal grievance they may file a formal directly. There were no grievances filed concerning sexual abuse or harassment.

115.52 (a)-1:33-103.005 Section 1 Page 1

33-103.006 Section 2j Page 1, Section 3j1, 31ja-3j1i Pages 2 & 3

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)

The agency has put out for bid to community service providers to provide inmates with confidential emotional support services as it relates to sexual abuse or harassment. The bid should be awarded by Mid-July.

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)

Complaints can be filed on the DC web site or by calling the TIPS line. Inmates may also use the Grievance Process.

115.54 (a)-1: 33-103.006 Section 3j1c-3j1f Pages 2 & 3

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)

The Department requires all staff to report immediately and any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurs in the institution. This was verified during the staff and inmate interviews. All allegations are reported to the Inspector General via the MINS reporting system, all staff interviewed was aware they were not to reveal information to anyone other than those necessary.

115.61 (a)-1: 602.053 Section 11 Page 14

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)

Inmates may be voluntary or involuntary placed in Administrative Confinement for Protective Purposes. Procedures are in place for placement.

115.62 (a)-1: 33-602.220 Section 2a & 2b Page 1, 3c, 3c3, 3cf, 3c3g Page 3, 4d Page 4, 5a-p Pages 5 & 6, 8c Page 8, 9a Page 8

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)

Should an institution receive information that a sexual abuse or harassment occurred at another institution the receiving institution is to report via the MINS system to the Inspector General’s Office.

115.63(a)-1: 602.053 Section 4a7 Page 10

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)

Training records and staff interviews confirms all staff are trained as first responders.

115.64(a)-1: 108.015 Section 7b, 7e, 7g-l Page 5, 7r & 7u Page 6

602.053 Section 4a4 Page 10

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)

The facility has a plan coordinating actions taken by security staff and the medical staff. The plan includes the reporting for investigation and chain of evidence preservation of evidence.

115.65(a)-1: 602.053 Section 4a, Page 9, 4a3 Page 10, 5a-i Pages 11 & 12, 6, 6c, 6f1 & 6f4 Pages 12 & 13

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)

The security agreement effective January 14, 2015 covers the discipline of staff on Page 13 article 7. Procedure 205.002 covers Contractors.

Procedure 205.002 page 15

- (a) **PREA**: All new and renewed contracts will be identified as PREA covered contracts when appropriate. These contracts will include the following language to ensure compliance with 28 C.F.R. Part 115, “The contract/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Par 115. The contractor/vendor(s) will also comply with all of the Florida Department of Corrections’ (FDC) policies and procedures that relate to PREA.”

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)

The Chief of Security is designated as responsible individual to monitor retaliation for ninety days after any reported incident.

115.67 (a)-1: 602.053 Section 3c Page 9, 4a & 4a6 Pages 9 & 10

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)

Policy is in place for post allegation protective measures. Should an inmate be placed in administrative confinement they are seen every seven days by classification staff. Every effort is made to remove the inmate from administrative confinement in less than 30 days.

115.68 (a)-1: 33- 602.220 Section 2a & 2b Page 1, 3c, 3c3, 3cf, 3c3g Page 3, 4d Page 4, 5a-p Page 5 & 6, 8c Page 8

33-602.221 Section 2a Page 1, 2d Page 2, 3a Page 2, 4a-4 Pages 2-4, 5a Page 4, 5b Pages 4-6, 8a-c Page 5

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)

Investigations are conducted by the Inspector General's Office. The Inspector will be a support staff should an outside investigator be working the case (FDLE, County Sheriff's Office).

IG staff has received Train the Trainer from the Moss Group. All staff has been PREA trained for investigating sexual abuse and harassment cases.

115.71(a)-1: 108.003 Section 1a, 1b, & 1d Pages 7 & 8, 5a Page 11, 5k Page 13, 7a & 7b Page 14, 7j Page 16, 10a Page 17, 13a, 13b, 13f, 13g & 13j-l Pages 18-20

108.015 Sections 2-3 Page 4, 7a-c, 7e, 7g-l, 7m, 7p, 7r, 7u Pages 4-6, 8a-c, 8g & 8i Page 6, 9a-d, 9g & 9h Pages 7 & 8, 10a-c Page 9, 12a Page 10, 13 Page 10, 15a-c Pages 10&11

115.72 – Evidentiary standards 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)

The agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a)-1: 108.003 Section 14 in definitions Page 6 & 8j Page 16

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)

Policy is the inmate is to be informed of the outcome of the investigation. Interviews confirm the inmate is advised of the outcome of the investigation.

115.73(a)-1: 108.015 11a-d Page 9

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)

Florida Administrative Code 208 is the Disciplinary Procedure followed by the Department.

115.76 (a)-1 33-208.003 Section 6, 13, & 20

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)

All contractors and volunteers are subject to the policies of the Department of Corrections.

Procedure 205.002 page 15 paragraph 4 section (f)

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)

Formal Disciplinary Procedures are in place. Reports 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.

115.78 (a)-1: 33-601.301

33-601.301 Inmate Discipline - General Policy

(1) In order that inmates might live in a safe and orderly environment, inmates whose behavior is in noncompliance with department rules shall be corrected through preventative discipline techniques or the disciplinary process.

33-601.314

SECTION 1 ASSAULT, BATTERY, THREATS, AND DISRESPECT	Maximum Disciplinary Actions
1-5 Sexual battery or attempted sexual battery	60 DC + All GT
1-6 Lewd or lascivious exhibition by intentionally masturbating, intentionally exposing genitals in a lewd or lascivious manner, or intentionally committing any	60 DC + 90 GT

other sexual act in the presence of a staff member, contracted staff member or visitor	
9-1 Obscene or profane act, gesture, or statement – oral, written, or signified	30 DC + 90 GT
9-7 Sex acts or unauthorized physical contact involving inmates	30 DC + 90 GT
9-35 Establishes or attempts to establish a personal or business relationship with any staff member or volunteer.	60 DC + 180 GT

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)

There were no reports of prior victimization or previous perpetrated sexual abuse. There are logs in place to track and report such incidents should prior incidents be reported.

115.81(a)-1: 602.053 Section 6c-f Pages 12 & 13

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)

All staff is trained as first responders. They take the preliminary steps to protect the victim. They notify the shift supervisor who immediately notifies medical staff.

Health care staff are present twenty four hours seven days per week. There is no cost to the victim for health care for PREA incident.

115.82(a)-1: 401.010 Section 1d9 Page 3

602.053 Section 6c-f Pages 12 & 13

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)

Ongoing medical and mental care is provided to sexual abuse victims and abusers who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of victims includes, follow-up services, treatment plans, and, referrals for continued care following their transfer to, other facilities, or their release from custody. The care is provided at no cost for PREA related incidents

115.83(a)-1: 401.010 (Section 1d9 pg 3), 602.053 (Section 6e-f pages 12-13)

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)

Assistant Warden Programs/PREA Manager, Chief of Security, and Classification Supervisor. At a minimum the team also gets input from the shift captain, IG investigator and medical staff.

115.86(a)-1: 602.053 (Section 12 pages 14)

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)

The data is collected from the Management Information Notification System (MINS). Every incident is reported using the MINS reporting system. Survey of Sexual Violence was reviewed.

115.87(a)-1: 602.053 (Section 7 page 13)

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)

The Bureau of Research and Data Analysis compiles data in regards to sexual incidents as defined within this 602.053 Section 7. The data is utilized within the agency to improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training including: identifying problem areas, taking ongoing corrective action, and preparing an annual report that includes a comparison of the current year's data and corrective actions with those from prior year.

115.88(a)-1: 602.053 (Section 7 page 13)

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)

Up to date survey information is submitted by Inspector General's Office and verified by the PREA Coordinator.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Auditor Signature

Date