PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

Name of facility: Mayo Correctional Institution			
Physical address: 8784 W US 27; Mayo, Florida 32066			
Date report submitted: July 3, 2014			
Auditor Information Hubert L. "Buddy" Kent			
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Date of facility visit: May 20-22, 2014			
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:			
The facility is:	☐ Military	☐ County	☐ Federal
	☐ Private for profit	☐ Municipal	☐ X State
	☐ Private not for profit		
Facility Type:	☐ Jail	☐ X Prison	
Name of PREA Compliance Manager: Joseph Shuler Title: Assistant Warden			
Email address: shuler.joseph@mail.dc.state.fl.us Telephone number: 386-294-4543			
Agency Information			
Name of agency: Florida Department of Corrections			
Governing authority or parent agency: State of Florida			
Physical address: 501 South Calhoun Street, Tallahassee, FL 32310			
Mailing address: Telephone			
Agency Chief Executive Officer			
Name: Michael Crews		**Title: Secretary**	
Email address: crews.michael@mail.dc.state.fl.us		**Telephone** 850-717-3030	
Agency-Wide PREA Coordinator			
Name: Kendra Prisk		**Title: Government Consultant I**	
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AUDIT FINDINGS

NARRATIVE:

Mayo Correctional Institution Annex and Work Camp Audit was conducted on May 20-22, 2014 by Hubert L "Buddy" Kent, Certified PREA auditor.

I was greeted by the Warden Scott Crews, and Assistant Warden Joseph Shuler. After a brief discussion about the audit, we proceeded to the Annex. Upon arrival for the audit a listing of all inmates by housing assignment and a staff listing by shift assignments was requested. From, these listings, I randomly selected one inmate from each housing unit, as well as one inmate who is limited English speaking or had hearing/vision impairment to be interviewed. At this time, no hearing impaired inmates were assigned to Mayo CI. At this time, there are no transgender, intersex, or gay inmates assigned to Mayo CI. A total of 24 random inmate interviews were conducted, to include one vision impaired and one English limited speaking (Spanish) inmate. The Language Line was utilized to interpret for the limited English proficiency inmate.

14 random staff interviews were conducted and included staff from all work shifts and all areas of the facility. The Specialized Staff Interviews included 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, SART Nurse and Human Resources staff was formally interviewed at the Department's Central Office. In addition, to the randomly selected inmates/staff interviews approximately 20 inmates and 25 staff were informally interviewed during the tour and the three days of the audit.

The tour of the facility was conducted from 8:30 am to 1:00 pm.

The areas toured were a total of eight housing units, and various departments within the secured perimeter. There are four quads, two housing units per quad. Quad one housing units are C and D. These housing units are secure cell housing units, and consist of four wings per unit. Quads two, three and four are prototype open bay housing units. Each inmate is placed into a specific housing unit based on their housing level. Inmates that are housing level four or five are housed in cell units

C:
Disciplinary confinement is located in wings one and two.
Administrative confinement is located in wing three. Inmates are placed into Administrative confinement for protection needs, close management, pending disciplinary interviews.
Child Nutrition (between the ages of 18 and 21) are located in wing four.

D:
Wings one through four are secured cells (double bunks).

E through J
Housing units are prototype Open Bay units, with two wings. Inmates assigned to Open Bay type housing are housing level one to three.

The various departments toured were the Education department, General Library, Law Library, Reception and Orientation area, Property room, Food Service department, Laundry department, Medical Department, Infirmary department, Dental department, Chapel department, and Classification departments.

Disciplinary Confinement unit is 60 double bunked cells (120) bed. There are 32 double bunked cells (64) beds for administrative confinement. Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending transfer.

The design capacity is 1526. The population on the day of the audit was 1404. During the previous 12 months 4363 were house at the institution for 72 hours or more. There are 498 inmates assigned to Mayo that were assigned on August 12, 2012. The age range of the inmates was 19 to 90 years of age. There were no youthful inmates housed at the facility. Average length of supervision is 9.01 years. The custody level ranges from close to community. There is 367 staff assigned with 68 being new hires during the last 12 months. This is the initial audit for the facility.

Documents reviewed for this audit included the Pre-Audit Questionnaire, policy, institutional supplements, PREA training records for staff, volunteer, contractors and inmates, sexual abuse and harassment complaints, training curriculums. Compliance with the PREA standards was verified through a review of primary policy, secondary file documentation, and interviews with staff.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Mayo Correctional Institution consists of a Main Unit, Work Camp and Annex. The facilities are located on approximately 360.91 acres. Inside the Main Unit fence is 280,684 square feet and it consists of a foot print of 39.44 acres. Inside the Annex fence is 239,207 square feet and it consists of a foot print of 46 acres. Inside the Work Camp fence is 36,120 square feet and it consists of 6.26 acres. The facilities Outside Buildings total 645,726 square feet. Mayo C.I. is located 11 miles north of Mayo, Florida on U.S. Highway 27, 17 miles south of Perry, Florida. All three units house inmates ranging from community to close custody with medical grades one and two and psychological grades one and two. The Annex and Work Camp are being audited for PREA Compliance. The Main Unit is moth balled and only used in emergency evaluation procedures.

The Main Unit was established in 1983 as a result of a State of Florida prison bed crisis. Using standard residential construction processes (stick construction), ground was broken in July 1983 and inmates arrived for housing in January 1984. Through several renovations and additions the facility now consist of one “butterfly design dormitory, three “T” design dormitories, one secure housing dormitory and four prototype open-bay dormitories housing capacity of approximately 1861 inmates. With one open-bay dormitory closing in

November 2010 and open-bay dormitory closing in August 2011, the 288 beds were removed from inventory, leaving 1573 available beds. In January 2012, the Main Unit was closed and all inmates were moved to the newly built Annex. The Main Unit continues to be maintained for emergency occupancy.

Mayo Correctional Institution Annex is a Level five institution with a Category four Perimeter housing Close, Medium, Minimum, and Community custody inmates.

The Annex construction was completed in 2010; the Annex was put on line and staffed January 2012. The Annex consists of two Secure Housing Units and six prototype Open Bay dormitories housing approximately 1500 inmates.

The Annex has an medical department, a full time dentist, threefull time mental health positions, a drug treatment program, a full time Chaplain and an Education Department consisting of one Education Supervisor and two Academic teachers and an honors tutoring class that provides GED prep and basic education training for the assigned inmates. The Annex provides library services to the inmate population five days per week. Library services are provided to work camp inmates through a satellite program.

A facility maintenance program consists of a supervisor and vocational instructors. Inmates receive on the job vocational skills training while maintaining institutional buildings and equipment. Inmates are given the opportunity to receive vocational trade training credits.

The institutional Food Service Department provides nutritional and quality meals at the annex and work camp under the supervision of a food service director, nine staff and five correctional officers. They also provide meals by contract to the Lafayette County Jail.

Qualified staff operates a water and sewage treatment system. Inmates are able to learn the trade, receive experience credit, sit for the state exam, and receive state licensure on water & waste water management.

Mayo Correctional Institution Work Camp is a Level three institution with a Category three Perimeter housing Medium, Minimum, and Community custody inmates.

The Work Camp was constructed in 1995 using staff and inmate labor. The work camp can house 328 inmates in two (2) open bay dormitories. The Work Camp provides an inmate work force for all outside grounds/facility maintenance, farming operations and as contract labor for local counties and municipalities.

Programs offer access to education training, wellness education, chaplaincy services, substance abuse services, mental health assistance, medical and dental care. Inmates may volunteer for the programs offered or be referred by Classification staff with the approval of the Institutional Classification Team (ICT). Inmates also have access to a general library and the use of a major law library and can receive legal assistance as needed.

The mission of Mayo Correctional Institution is to protect the public by operating a safe, secure, humane and efficient corrections system. This is accomplished through hard work and rigorous security measures combined with partnerships

with the community to provide quality programs and services to inmates. At Mayo CI, inmates are supervised at a level of security equivalent to the level of danger they present.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 2 (18-41)

Number of standards met: 37

Number of standards not met: 2 (13-53)

15 is now complaint. Mirrors have been removed from bathrooms.

Number of standards not applicable: 2 (12-14)

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. The department has an agency wide coordinator. 99 percent plus of her work time is spent on PREA. She coordinates with the other 49 institutional PREA managers. The PREA Coordinator was very knowledgeable about the PREA requirements and was considered very effective in meeting the requirements of PREA.

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)

The standard is not applicable. Mayo Annex is a state prison facility. They do not contract for the confinement of inmates

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. 33 percent of the inmate population is doing 25 years to life. On the days of the audit there was an eight percent vacancy

rate for the facility. The vacancy rate does not include staff that is on workers compensation, military leave, extended sick leave or family medical leave.

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

(1) SECURITY STAFFING LEVELS:

Each regional office of institutions will be responsible for maintaining a current "Regional Staffing Level Post Designations for Institutions and Satellites," DC6-292. The DC6-292 is available in the "public folder" section of Outlook under Institutions/Security Operations/Staffing Levels. Regional Operational Correctional Service Consultants and Assistant Wardens have access and the ability to make changes. Review and change to this form will be made on an as needed basis by the designated regional staff member. This will be done each time a revised/new post chart is generated.

(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 (2^{nd}) and third (3^{rd}) shifts before use of DC2-821.

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

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)

The standard is not applicable. Mayo Annex is an adult male facility. They do not house youthful inmates.

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)

Open Bay Housing units have security mirrors in the showers allowing for cross gender viewing. Standard is compliant. Mirrors have been removed from bathrooms.

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. Housing logs document the announcement at the beginning of the shift.

115.15 (a) -1: 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 English and 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. Staff and inmate interviews all supported that inmates would not be relied on as translators.

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 is employed with the facility. There is a supplemental application that covers all the areas of the standards. Background checks (FCIC/NCIS) 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. Background checks are conducted on all contractors and volunteers are conducted prior to approval and annually thereafter.

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

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)

The Annex opened in 2012. There are 141 Pelco recording cameras strategically located throughout the facility. All areas of the facility are covered except the living areas.

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)

Staff and Investigative Officers confirm the Chain of Evidence Protocol during the interview process. The Department has a contract for SART nurses. They are on site within two hours of the call. Policy is no co pay for any PREA incident or follow-up. Mental health services are provided by Corizon staff. Corizon staff provided follow up counseling.

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

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)

Interviews with Administrative staff and investigative staff corroborate that all reports of sexual abuse or harassment are reported to the IG office. Procedure 108.015 covers sexual abuse and harassment investigations.

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

115.22 (b) 1: 108.015 Section 3 Page 4, 8d Page 7, 10a & 10b Page 9

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)

Staff interviews and review of training records show that staff has been trained and are aware of the zero tolerance policy. Agency does document through staff signature that they understand the training received. In the interviews conducted it is apparent they have received the required training as they were able to articulate the content of the training. Staff covered the first responder responsibilities during the formal and informal interview process.

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.

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 efforts have been made to ensure all inmates receive the training. Inmates sign an acknowledgment form indicating they received and understood the training.

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

115.34 – 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.

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 **s**tandard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Department has developed a computerized screening process that identified potential victims/predators as well as victim and predators. Each item in the standard is addressed in the program. The inmate is screen within 72 hours of arrival. Each time a bed change or program change is made the program re-evaluates the inmates and housing assignment. A warning flag is generated to the

housing officer if the inmates are not compatible cell mates. The housing officer must review and approve any bed changes made. There were 30 confirmed predators assigned to Mayo Annex. There were five confirmed prey assigned to Mayo Annex.

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

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)

The Department has developed a computerized screening process that identified potential victims/predators as well as victim and predators. Each item in the standard is addressed in the program. The inmate is screen within 72 hours of arrival. Each time a bed change or program change is made the program re-evaluates the inmates and housing assignment. A warning flag is generated to the housing officer if the inmates are not compatible cell mates. The housing officer must review and approve any bed changes made. The facility has no transgender or intersex inmates assigned to the facility.

115.42 (b)-1: 601.209 Section 5i Page 6, 15a Page 10, 19b Page 11 & 24a Page 13

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

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

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. There were no grievances filed concerning sexual abuse or harassment.

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

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 outside emotional support services as it relates to sexual abuse or harassment.

115.54 – Third-party reporting.

Complaints can be filed on the DC web site or by calling the TIPS line. Inmates may also use the Grievance Process. During the tour I observed the TIPS line number posted by the phones.

☐ 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. The tips line number is posted next to all telephones.

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 Pages5 & 6, 8c Page 8, 9a Page 8

602.053 Section 2b5 Page 7, 3c Page 9, 4a & 4a2 Pages 9 & 10

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 the staff is trained as first responders.

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

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 until January 14, 2015 covers the discipline of staff on Page 13 article 7. Procedure 205.002 covers Contractors.

Procedure 205.002 page 15

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 following are designated as responsible individuals to monitor retaliation for ninety days after any reported incident.

J. Shuler, Assistant Warden/PREA Coordinator
G. Singletary, Property Sgt. /Orientation Sergeant (relief)
J. McDonald, Orientation Sergeant
G. Simpson, STG Sergeant

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

602.053 Section 2b5 Page 7, 3c Page 9, 4a & 4a2 Pages 9 & 10

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 is substantiating.

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)

Interviews with inmates confirm they are advised of the outcome of the investigation.

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

602.053 Section 9 Page 13

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

33-208.003 Range of Disciplinary Actions.

Violations of the foregoing Rules of Conduct as well as other departmental and institutional policies will result in disciplinary actions, which may be by oral reprimand, written reprimand, suspension, reduction in pay, demotion or dismissal.

Offense or Deficiency	**First Occurrence**	**Second Occurrence**	**Third Occurrence**	**Fourth Occurrence**
	Oral or Written Reprimand	**Written Reprimand or up to 10 day Suspension**	**Up to 30 days Suspension or dismissal**	**Dismissal**
(6) Malicious Use of Profane or Abusive Language Toward Inmates, Visitors, or Persons Under Supervision	Same	Same	Same	Same
	Written Reprimand, up to 30 days Suspension or Dismissal	**Dismissal**		
(13) Negligence	Same	Same		
(18) Failure to maintain direct (sight) supervision of assigned medium, close or maximum custody inmates while outside the institution security perimeter	**Written Reprimand, up to 30 days of Suspension or Dismissal**	**Dismissal**		
(20) Use of Corporal Punishment, Verbal or Physical Abuse of an Inmate	Same	Same		

208.039 Section 4a & 4b Pages 5 & 6, 5a-5f & 5g Pages 6 & 7, 7b-c, 8a Page 8

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 other sexual act in the presence of a staff member, contracted staff member or visitor	60 DC + 90 GT
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 is present 24 hours seven days per week. There is no cost to the victim for health care.

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

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 Page 3

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 Page 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.

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)

Procedure 602.053 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 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.

Hubert L. "Buddy" Kent	July 3, 2014
Auditor Signature	Date