

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Marion Correctional Institution			
Physical address: 3269 Northwest 105 th Street Ocala, Florida 34475			
Date report submitted:			
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Date of facility visit: July 8-10, 2014			
Facility Information			
Facility mailing address: (if different from above) P.O. Box 158 Lowell, Florida 32663			
Telephone number:			
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 type="checkbox"/> X Prison	
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Agency Information			
Name of agency: Florida Department of Corrections			
Governing authority or parent agency: (if applicable) State of Florida			
Physical address: 501 South Calhoun Street, Tallahassee, Florida 32999			
Mailing address: (if different from above)			
Telephone number:			
Agency Chief Executive Officer			
Name: Michael Crews		Title:	Secretary
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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 Marion Correctional Institution in the PREA process.

The following persons were in attendance:

Angela Gordon, Warden
Angel Velez, Assistant Warden
Douglas Adams, Assistant Warden
William Malloy, Chief of Security (Main Unit)
Michael Quimby, Chief of Security (Marion Work Camp)
Jeffrey Lindsey, Chief of Security (Gainesville Work Camp)
Mitzi Confer, Head of Classification

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 inmate from each housing unit, one sight impaired inmate, segregated inmate and two who reported sexual abuse or harassment. The language line was used to interview a limited English speaking inmate. There were no youthful inmates assigned to the facility. There were no transgender, intersex or gay inmates assigned to Marion C.I. A total of 48 random inmate interviews were conducted. 31 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, Intake Staff and a Volunteer. 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 three days of the audit.

The tour of the facility was conducted on July 8, 2014 from 8:30 am to 12:30 pm. There are a total of 81 buildings at the Main Unit. Segregation/Confinement unit is a 59 bed unit, 29 two person cells and one single cell. The Administrative Confinement unit has 17 two person cells for a total of 34 beds. These are housed on the upper level of D housing unit.

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 no single cell units at the facility. There are two cell units that are double bunked. There are five open bay housing units at the main unit, four at the work camp and four at Gainesville Work Camp.

Design Population is 1361. Current population is 1350. There were 1790 inmates admitted to the Main Unit in the past 12 months, 489 to the Marion Work Camp and 525 to Gainesville Work Camp. All were admitted as intra system transfers. All were housed for more than 72 hours. The age range of inmates is 18 to 81 years of age. There are no youthful inmates assigned to Marion or its satellite units. There is 463 staff assigned to Marion and the satellite units. There are 48 new hires that have contact with inmates. This is the initial audit for the facility.

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 Marion Correctional Institution within the Department of Corrections is to protect the citizens of Florida and Marion and Alachua Counties 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:

Marion Correctional Institution is located 9.5 miles north of Ocala off of Interstate-75 on State Road 25A. The facility's entrance road is a shared public road listed as NW 105th Street which dead ends on facility property. Originally established in 1959 and named Florida Correctional Institution Men's Unit, this facility was a support unit for Florida C.I. (now Lowell CI) – Main Unit, a female facility. In 1976, it became a separate facility to house adult male inmates and was renamed Marion Correctional Institution. Today Marion C.I. is the parent institution to Marion Work Camp, the Re-Entry Center of Ocala as well as Gainesville Work Camp and Bridges of Santa Fe Work Release Center in Alachua County.

Marion Main Unit is designated to accept community, minimum, medium, and close custody inmates as well as medical grades one through four and psychological grades one and two. The facility provides academic, vocational,

and self-improvement programs as well as Pride Industries (garment, corrugated boxes and textiles). The main unit is classified as a level four facility with a maximum population of 1,361 inmates. These inmates are housed in five open bay and two T-style dormitories. There are 170 Correctional Officers at the main unit. There are two roving perimeters that are manned 24 hours a day seven days a week. In addition to the roving patrols there is also a Tower that is located at the institutions Northgate that is manned five days a week for 10 hours. The perimeter fence systems brand is Stellar with a microwave alert system.

Marion Correctional Work Camp was established in 1989 and is located adjacent to Marion Correctional Institution. This facility is classified as a level three and designed to accept community, minimum and medium custody inmates with a maximum population of 280. The inmates here are housed in four open bay dormitories. There are 69 Correctional staff assigned to Marion Work Camp with one roving perimeter manned 24 hours a day seven days a week.

The Work Camp has 13 Department of Corrections supervised work squads: four Department of Transportation, three Public Works, and six City of Ocala squads. There are also two non-Department of Corrections supervised work squads that provide a variety of contracted services to the City of Ocala, the City of Williston, and Marion County. The Work Camp supplies an average of 50 inmate laborers daily for the College of Central Florida, Pride Enterprises, farm, as well as Outside Grounds.

Marion Work Camp also operated a farm that consists of 55 acres. The program has grown from garden status to a major farm within the Florida Department of Corrections. A multitude of crops, such as cabbage, tomatoes, squash, cucumbers, greens, carrots, watermelons, cantaloupe, sweet potato, and onions are planted and harvested. These vegetables are delivered to several institutions and work camps in Regions II & III.

Gainesville Work Camp is 35 miles north of Marion Correctional Institution and was established in 1951 as Gainesville Road Prison. In 1989, through expansion, it was later renamed Gainesville Work Camp. The Gainesville Work Camp is classified as a level two facility which consists of four open bay style dormitories that can house a total of 270 inmates. There are 70 Correctional staff assigned to Gainesville Work Camp with one roving perimeter manned 24 hours a day seven days a week.

The Gainesville Work Camp has 25 work squads that assist in the community. There are nine work crews for the Florida Department of Transportation; three contract work crews to assist the city of Gainesville as well as Tachale, and 13 non-Department of Corrections supervised work squads that provide a variety of contracted services to the City of Gainesville, Alachua County, Department of Environmental Protection, Florida Highway Patrol and North Florida Evaluation and Treatment Center.

The facility has a total of 119 buildings; 81 Marion Main Unit, 28 Marion Work Camp, 10 Gainesville Work Camp. In addition to the dormitories at each of the facilities Marion Main Unit has a Multi-Purpose building that houses the

education department, religious department, and a library. The vocational building located at the Northern end of the facility has a cabinet shop, electrical shop, HVAC class, and wastewater treatment class. PRIDE Garment and Box factories are also located inside of the secure perimeter at Marion Main Unit. The warehouse, welding shop, outside grounds areas, wastewater treatment plant, and maintenance areas provide services to both the main unit and Marion Work camp. These areas utilize inmates from both units. Gainesville Work Camp also has a warehouse and outside grounds area available to provide services. Each of the units has a visiting park to accommodate for weekend visitation as well as an outside area with tables and chairs should they wish to visit outdoors.

Marion Correctional Institution is also the parent institution for two privately run work release centers. The Re-Entry Center of Ocala was established in 2005 and is located on NE 8th Rd in Ocala, FL. The Bridges of America – The Santa Fe Bridge is located in Gainesville on NE 39th Avenue down the road from Gainesville Regional Airport. The Bridges of America contract on this facility began in April of 2014. The men in the Work Release programs are gainfully employed during the day and may choose to participate in education, vocation, and substance abuse treatment courses on days off or at night after work. Work Release inmates are required to pay subsistence for room and board, which saves taxpayers money. Inmates also make court-ordered payments, send money home for family support, and are required to set money aside for savings upon their release.

Medical Care for Marion Correctional Institution and associated work camps is located at Marion Correctional Main Unit. The Health Services department, which is contracted through Corizon, provides primary medical, dental, and mental healthcare for the inmates and includes a triage/sick call area, an emergency room, a dental unit, an in-patient unit, and providers' offices. Outpatient medical and dental services are provided daily and on weekdays, with provisions for emergency care being in place for after hours and on weekends. The in-patient unit has a seven bed infirmary and four single rooms. Two single rooms are designated as Isolation Management Rooms (IMR) for suicide and self-harm prevention and mental health observation. The other two rooms are used for medical isolation for cases of communicable disease management. There is 24 hour in-patient nursing care, with daily physician rounds on weekdays. After hours and weekend coverage is provided by the physician on call. Inmate medical records are kept and maintained by the Health Information Specialist (HIS) in a secure room, with access only by healthcare staff. Records are available to healthcare staff 24 hours a day.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 1 (41)

Number of standards met: 39

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

Window film has been placed on the windows of A dorm limiting the cross gender viewing. Saloon or Café doors prohibit cross gender viewing in the work camp setting.

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. 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)

Marion Correctional Institution is the parent institution for two privately run work release centers. The Re-Entry Center of Ocala was established in 2005 and is located on NE 8th Rd in Ocala, FL. The Bridges of America – The Santa Fe Bridge is located in Gainesville on NE 39th Avenue. The contracts clearly state the privately run work release facilities must comply with all department rules and regulations including the PREA standards.

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. The facility does not have video cameras with recording capabilities. They have cameras in the hall ways that only show the live feeds. There are 202 allocated security positions at the main unit. There are 148 filled positions. There is eight on family medical leave full time and 20 on intermittent family medical leave. There are two on military leave. Security has a vacancy rate of 10.16%. Non security vacancy rate is 7.69. In addition to the vacancy rate there is one out on Workman compensation, two on extended sick leave, two on military leave and four are in the academy. There are 22 trainees as well.

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 of the showers in A dorm on the main unit and all of the dorms in the work camps. Window film has been placed on the windows of A dorm limiting the cross gender viewing. Saloon or Café doors prohibit cross gender viewing in the work camp setting.

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)

No upgrades have been made since August 2012.

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 are finalizing the bid at the time of the audit.

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 12 months there were 10 allegations made. Eight were referred for administrative investigation. There were no referrals for 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)

All current employees have received PREA training. There was 257 staff trained. Each staff member has a PREA card outlining their responsibilities. On each housing unit there was a folder with PREA documents and first responder responsibilities for the officers to refer. In the interviews staff would refer to the card to assist in answering the questions.

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

115.33 (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 12 confirmed predators assigned to Marion. There were two confirmed prey assigned to Marion CI.

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)

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.

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.

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

602.053 Section 2a2, 2a3, 2a6, 2a8 – 2a11 Pages 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.

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 Pages5 & 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 the staff is 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 up to 90 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 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	30 DC + 90 GT

inmates	
<p>9-35 Establishes or attempts to establish a personal or business relationship with any staff member or volunteer.</p>	<p>60 DC + 180 GT</p>

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.

/s/ Hubert L. “Buddy” Kent

February 20, 2015

Auditor Signature

Date