

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Okeechobee Correctional Institution			
Physical address: 3420 NE 168th Street, Okeechobee, Florida 34972			
Date report submitted:			
Auditor Information Hubert L. "Buddy" Kent			
Address: P.O. Box 515			
Email: auditorbuddykent@yahoo.com			
Telephone number: 850-509-1662			
Date of facility visit: August 13-14, 2014			
Facility Information			
Facility mailing address: <i>(if different from above)</i> Same as Above			
Telephone number: (863) 462-5434			
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"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: Roger McCracken		Title: Assistant Warden-Programs	
Email address: mcracken.roger@mail.dc.state.fl.us		Telephone number: (863) 462-5517	
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 32399-2500			
Mailing address: <i>(if different from above)</i>			
Telephone number: (850) 487-2875			
Agency Chief Executive Officer			
Name: Michael Crews		Title: Secretary	
Email address: crews.michael@mail.dc.state.fl.us		Telephone number: 850-717-3030	
Agency-Wide PREA Coordinator			
Name: Kendra Prisk		Title: PREA Compliance Manager	
Email address: prisk.kendra@mail.dc.state.fl.us		Telephone number: 850-717-3303	

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 Okeechobee Correctional Institution in the PREA process.

The following persons were in attendance:

P.H. Skipper, Warden
Derek Snider, Assistant Warden of Operations
Roger McCracken, Assistant Warden of Programs
Scott Anderson, Colonel
Javier Jones, Classification Supervisor
Talena Chittenden, Classification Officer
Latricia Collins, Classification Officer

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, one hearing impaired inmate, one segregated inmate and three 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. A total of 22 random inmate interviews were conducted. 16 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, 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 12 staff and 20 inmates during the tour and the two days of the audit.

The tour of the facility was conducted on August 13, 2014 from 8:30 am to 12:30 pm. Inside the secure perimeter of the main unit compound there are 26 buildings constructed of concrete block and pre-stressed concrete. There are 86 beds designated as disciplinary confinement bed. There are 82 beds assigned as administrative confinement beds. 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 six cell units there are double bunked. Each cell unit houses two hundred fifty eight inmates. There are two open bay housing units. One open bay dormitory houses 142 inmates. The other open bay housing unit houses 143.

The design capacity is 1356 with a lawful capacity of 1800. Current population at the time of audit is 1769. There were 1057 inmates admitted to the Main Unit in the past 12 months. All were admitted as intra system transfers. All were housed for more than 72 hours. There are 703 inmates assigned to the facility who were admitted prior to August

20, 2012. The age range of inmates is 18 to 87 years of age. There are no youthful inmates assigned to Okeechobee. There is 291 staff assigned to Okeechobee. There are 52 new hires in the past 12 months that have contact with inmates. This is the initial audit for the facility. The average time assigned to the facility is 2.02 years. Wexford Medical is the contract provider for health care all contract staff have received training according to the records provided. There are 89 volunteers permitted entry into Okeechobee Correctional Institution.

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 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:

Okeechobee Correctional Institution Main Unit is sited on 39 acres of a 450 acre parcel. The institution has 41 total buildings. The institutions internal layout consists of 21 buildings subdivided into three sections by zones designated for specific functions: The facility is divided into three sub-compounds areas. The areas are divided by a security fence that controls access to and from the areas. The front area consists of the visiting area, multipurpose worship chapel, laundry, health, classification, food service, vocational, education, and library. The middle area consists of six T design double cell housing units and two open bay dormitory type housing units, canteens, and property storage, and a barber shop. The cell units are divided into three sections of 86 inmates each for a total of 258 inmates. The open bay housing units have two sides and house 71 on each side for a total of 142. The other open bay dormitory houses 143. The lawful capacity for the main unit is 1356 with maximum capacity of 1800. The rear area is the recreation/wellness section. There is a 30 foot span between the inner and outer perimeter' fences with a minimum of 50 feet between the buildings and the fence. The institution electronic perimeter security system consists of two separate, redundant intrusion detection systems extending around the entire perimeter circumference. The systems in place are motion detector sensors, Microphonic detection, a microwave alert system and two roving patrols. There is a vehicle sally port at both the front and west side of the facility. The compound is accessible to foot traffic through the main control room entrance at the front of the institution or through the west gate for staff assigned to maintenance and warehouse duties. There are 28 fixed cameras monitoring confinement, Education, and the visiting park. Bio-Metric hand scanning speeds visitor entrance and exit from the facility while provide enhanced security for the visiting park and is designed to record/log the entrance and egress of visitors and citizen volunteers. The facility has a remote personal body alarm system to provide a secondary means for officers/staffs to communicate in the event of an emergency. These devices can be activated by either a push of a button or the pulling of a lanyard attached to the device.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 1

Number of standards met: 38

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

Standard 15 is compliant with shower screens being confirmed February 19, 2015.

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. 98 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.

115.12 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)

Okeechobee CI does not have oversight of any contract facilities.

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 only area with recording capability was in the segregation unit. On the days of the audit there was a ten percent vacancy rate for the facility. There are 291 allocated positions and there were 30 vacancies. The vacancy rate does not include staff on workers compensation, military leave, extended sick leave or family medical leave.

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

(1) SECURITY STAFFING LEVELS:

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

(a) Under no circumstances will a shift begin below Level I staffing or be allowed to go below this level except in emergencies.

(b) 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.

(c) 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.

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. Okeechobee CI 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)

Showers cell in cell units allow cross gender viewing of inmates while showering. 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.

Shower screens in placed effective February 19, 2015.

Female staff announces their presence 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.

115.16 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. Hiring and Promotions Decisions 17

- 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 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 have been no upgrades to the facility 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)

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

The Inspector General's Office is responsible for all investigations of sexual abuse or sexual harassment. 21 Inspectors were trained by the Moss Group to provide training to all investigators 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.

There was allegations made at Okeechobee two were criminally investigated. There were two incidents requiring SART to be called in. Three was investigated administratively, 13 were completed as inquires by OIG and five were returned to management for handling.

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)

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)

The volunteer and contractor training are received by read and sign. Each volunteer and contractor has completed the read and sign acknowledgement form indicating they understand their responsibilities. A review of the training records and interviews with contractor and volunteers confirm they received the training.

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)

All inmates are supposed to view the video “Speaking Up” during their orientation at the reception center. Policy requires when an inmate is transferred to another facility they receive PREA orientation training. The inmate completes the acknowledgement form indicating they have received the PREA information.

Interviews with inmates revealed that substantial efforts have been made to ensure all inmates receive 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)

All investigative staff has been PREA trained for investigating sexual abuse and harassment cases. 21 inspectors were trained by the Moss Group as train the trainers. They have provided training to all the inspectors in the department.

Procedure 602.053 (Sec 2 pg7-8)

Procedure 108.015 (section 16, pg.10-11)

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.

Based on training records provided all medical and mental health staff assigned to Okeechobee have received specialized training through Wexford.

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 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 inmates risk level is reassessed when a referral, incident of sexual abuse/ sexual harassment or receipt of additional information. If an incident of sexual abuse is reported both the victim and perpetrator receive a reassessment.

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.

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

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. Should a grievance be received in central office they will initiate the MINS reporting process in central office.

**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)

Third party reporting is available via the DC WEB, TIPS line and third party grievances. The third party grievance form is available on line at www.dc.state.fl.us/oth/inmates/prea-grievances.html

There were no third party reporting grievances or DC web reporting.

15.54 (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)

Policy requires all staff to report immediately and any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment as soon they become aware of the incident. 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)

If an inmate reports he was sexually abused while confined at another facility the receiving warden shall contact the warden or facility director where the alleged abuse occurred within 72 hours.

There were no reports received of sexual abuse while confined at another facility.

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

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, 2014 covers the discipline of staff on Page 13 article 7. Contracts were reviewed the PREA language was included in the contract.

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.”

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 assigned classification staff is designated as responsible individual to monitor retaliation after any reported incident. Inmates or staff is monitored for up to 90 days for retaliation. Monitoring includes status checks, reviewing disciplinary reports, housing or program changes and any negative job performance awards.

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

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)

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

All allegations of sexual abuse or sexual harassment are to be investigated. By policy all allegations except inmate on inmate harassment will be investigated by the Office of the Inspector General.

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).

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 substantiate.

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)

Following the completion of an investigation the inmate is informed of the outcome of the investigation. The IG inspector or a member of management advises the inmate of the outcome of the investigation or inquiry.

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. Contracts reviewed all had the PREA language in them. All new and renewed contracts are identified as PREA covered contracts when appropriate. These contracts include the following language “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.”

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. There were no disciplinary reports written due to falsely reporting an incident.

115.78 (a)-1: 33-601.301

33-601.301 Inmate Discipline - General Policy

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)

Inmates answering positively to the questions on the questionnaire referenced to victimization or perpetration are to be offered follow-up counseling with mental health staff within fourteen days of the screening.

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)

Inmates who allege victimization that involves any type of physical contact will be given a medical examination. Medical staff is to follow the sexual battery protocol as outlined in HSB 15.03.36. There is no charge per policy for medical services for PREA related incidents. A refusal must be signed should the inmate refuse treatment.

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 institution. 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)

The team consists of the 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)

At the end of the calendar year the facility prepares a corrective action plan to improve the effectiveness of sexual abuse prevention, detection, and response. The corrective action plan will take into consideration all PREA allegations that have been reported. A comparison of the current year and previous year data is to be completed.

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. In addition to keeping the paper documents according to retention schedule a retention folder is located on the computer at cos201\PREA Retention.

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
Auditor Signature

February 19, 2015
Date