

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



|   |   |  |   |
|---|---|--|---|
| <b>Name of facility:</b> Zephyrhills Correctional Institution                           |   |  |   |
| <b>Physical address:</b> 2739 Gall Boulevard, Zephyrhills, FL 33541-9701                |   |  |   |
| <b>Date report submitted:</b>   |   |  |   |
| <b>Auditor Information</b> Hubert L. "Buddy" Kent                                       |   |  |   |
| Address: P.O. Box 534   |   |  |   |
| Email: <a href="mailto:auditorbuddykent@yahoo.com">auditorbuddykent@yahoo.com</a>       |   |  |   |
| Telephone number: 850-509-1662  |   |  |   |
| <b>Date of facility visit:</b> June 19-20, 2014   |   |  |   |
| <b>Facility Information</b>   |   |  |   |
| <b>Facility mailing address:</b> <i>(if different from above)</i>                       |   |  |   |
| Telephone number: (813) 782-5521  |   |  |   |
| <b>The facility is:</b>   | <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 |  |   |
| <b>Facility Type:</b>   | <input type="checkbox"/> Jail                   | <input checked="" type="checkbox"/> X Prison |   |
| <b>Name of PREA Compliance Manager:</b> Sheila Cumbie                                   |   | <b>Title:</b> Assistant Warden               |   |
| Email address: Cumbie.sheila@mail.dc.state.fl.us  |   | Telephone number: (813) 782-5521 (511)       |   |
| <b>Agency Information</b>   |   |  |   |
| <b>Name of agency:</b> Florida Department of Corrections                                |   |  |   |
| <b>Governing authority or parent agency:</b> <i>(if applicable)</i><br>State Of Florida |   |  |   |
| <b>Physical address:</b> 501 South Calhoun Street, Tallahassee, FL 32399                |   |  |   |
| <b>Mailing address:</b> <i>(if different from above)</i>                                |   |  |   |
| Telephone number: 850-717-3030  |   |  |   |
| <b>Agency Chief Executive Officer</b>   |   |  |   |
| <b>Name:</b> Michael Crews  |   | <b>Title:</b> Secretary                      |   |
| Email address: crews.michael@mail.dc.state.fl.us  |   | <b>Telephone number:</b> 850-717-3030        |   |
| <b>Agency-Wide PREA Coordinator</b>   |   |  |   |
| <b>Name:</b> Kendra Prisk   |   | <b>Title:</b> Operations Consultant          |   |
| Email address: prisk.kendra@mail.dc.state.fl.us   |   | <b>Telephone number:</b> 850-717-3303        |   |

# AUDIT FINDINGS

## NARRATIVE:

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

The following persons were in attendance:

Jeffrey Trovillion, Warden  
Sheila Cumbie, Assistant Warden  
Jason Hoskins, Assistant Warden  
Paul Harris, Chief of Security (Main Unit)  
Raymond Rosser, Chief of Security (Mental Health Unit)  
Amy Perkins, 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 use to interview a limited English speaking inmate. There are no youthful inmates assigned to the facility. There are no transgender, intersex or gay inmates assigned to Zephyrhills C.I. A total of nineteen random inmate interviews were conducted.

Twelve 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 18 staff and 24 inmates as we toured the compound during the tour and the two days of the audit.

The tour of the facility was conducted on June 19, 2014 from 12:00 pm to 2:30 pm. There are a total of 19 buildings in the facility. The design capacity for the facility is 758. The population at the time of the audit was 668. The average daily population for the previous 12 months was 667. The average length of supervision is 25+ years. The custody level of the inmate population is close to community. There are 257 staff assigned.

The areas toured were a total of nine housing units, and various departments within the secured perimeter. There are two open-Bay housing units, four cell housing units, and two room housing units.

Segregation/Confinement unit is a 36 bed unit, 72 two person cells. 34 are Administrative Confinement and 38 are Disciplinary 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 various departments toured were Classification, Food Service, Medical, Mental Health, and Security.

Zephyrhills is the parent facility for DACCO, which opened its doors in September, 2013. It is a residential drug treatment center located approximately 25 miles from the institution in Tampa, Florida, and currently houses 74 inmates in need of drug treatment. They remain at the facility and participate in programs all day. This program emphasizes structure, responsibility, credibility, accountability, and discipline. They are required to follow the Department policies. On June 20, 2014 I toured the facility interviewed 10 inmates and four staff for the day shift and four staff from the evening shift. All interviewed were aware of zero tolerance policy. Staff was aware of first responder responsibilities.

The agency mission statement is "To promote safety of the public, our staff and offenders by providing security, supervision, and care, offering opportunities for successful re-entry into society, and capitalizing on partnerships to continue to improve the quality of life in Florida."

#### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

This facility was established in the 1930's as a road prison. In 1972 it was converted to a work release center. In 1977 it was converted to a major institution and expanded to house adult male inmates. In October 1999, Zephyrhills CI took on the corrections mental health institution mission. The facility currently houses a Crisis Stabilization Unit and a Transitional Care Unit to treat inmates with severe mental disorders. Zephyrhills CI also has two elderly Offender dormitories (age 59 and older) and an Intense Medical dormitory. In September 2013 Zephyrhills CI's medical Department was privatized and is now contracted to Corizon Health. Also in September, 2013, Zephyrhills CI became the parent facility to DACCO (now Tampa CRC), a private drug treatment center in Tampa, Fl.

Zephyrhills Correctional Institution is one of the few institutions in Florida with a Vietnam Veteran's Support group. An inmate can also receive his Bachelor's Degree Program in Biblical Studies then his Masters of Theology. The facility also has a nationally recognized Toastmaster's Gavel Club, art class, music class, and various educational programs.

Number of standards exceeded: 2 (31-41)

Number of standards met: 38

Number of standards not met: 2 (13-53) 15 was corrected and verified with on site visit 11/03/14.

Number Non-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)

Zephyrhills CI has a contract in place with DACCO that clearly identified the requirement to adhere to the Department's policies and procedures as well as 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 274 allocated positions. 210 positions are security positions. Security has a vacancy rate of 10.16%. There were 187 security positions filled. 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.

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 (2<sup>nd</sup>) and third (3<sup>rd</sup>) 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)

Dormitories A and B have been corrected with placement of window shading limiting the viewing of the bathroom facilities. Dormitory Units A and B physical plant design allows cross gender viewing of inmates using the toilet facilities. There were no privacy walls or screens in the bathroom areas.

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 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)

During the facility tour, the placement of the video cameras was noted in the confinement unit and an additional cell housing unit. The Main Unit has total of 16 cameras, with 5 of those being in the confinement unit. The monitors are located in the housing officer's station which are monitored and inspected daily for proper operation. The digital recording equipment is located in the Chief of Security's office where the digital recordings are maintained for a 30-day period. After the 30<sup>th</sup> day the system will record over previous recordings.

The mental health/medical housing unit has 36 cameras that can be viewed from the central command and each officer's station. There cameras are also located in the recreation areas for the inmates.



### **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)

There were 10 allegations made during the past year. Nine were referred for administrative investigation and one to 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. The facility coordinator has gone the extra mile to ensure all staff have receive PREA training. She has placed in each area checklist and PREA documents for staff to follow should the need arise.

**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 understand 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 acknowledgement form indicating they received and understand the PREA education. The signed acknowledgement is placed in the inmate master file.

**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 28 confirmed predators assigned to Zephyrhills. There are 13 confirmed victims assigned to Zephyrhills 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 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.

**15.42 (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. The bid should be awarded by Mid-July.

**115.54 – Third-party reporting.**

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

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

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

**115.61 – Staff and agency reporting duties.**

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

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

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

**115.62– Agency protection duties.**

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

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

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

**115.63– Reporting to other confinement facilities.**

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

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

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

**115.64– Staff first responder duties**

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

Training records and staff interviews confirms 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 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 |
|--|------------------------------|
| <b>1-5</b> Sexual battery or attempted sexual battery  | 60 DC + All GT               |
| <b>1-6</b> 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                |
| <b>9-1</b> Obscene or profane act, gesture, or statement – oral, written, or signified   | 30 DC + 90 GT                |
| <b>9-7</b> Sex acts or unauthorized physical contact involving inmates   | 30 DC + 90 GT                |
| <b>9-35</b> Establishes or attempts to establish a personal or business relationship with any staff member or volunteer.   | 60 DC + 180 GT               |

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

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

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

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

**115.82 - Access to emergency medical and mental health services.**

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

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

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

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

**602.053 Section 6c-f Pages 12 & 13**

**115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.**

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

Ongoing medical and mental care is provided to sexual abuse victims and abusers who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of victims includes, follow-up services, treatment plans, and, referrals for continued care following their transfer to, other

facilities, or their release from custody. The care is provided at no cost for PREA related incidents

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

**.115.86 – Sexual abuse incident reviews.**

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

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

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

**115.87 – Data collection.**

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

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

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

**115.88 – Data review for corrective action.**

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

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

**115.87(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 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

January 21, 2015

Auditor Signature

Date