

# PREA AUDIT: AUDITOR'S SUMMARY REPORT ADULT PRISONS

## & JAILS



<b>Name of facility:</b> Gulf Correctional Institution			
<b>Physical address:</b> 500 Ike Steele Road, Wewahitchka, FL 32465			
<b>Date report submitted:</b>			
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<b>Date of facility visit:</b> July 29-31, 2014			
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
Telephone number: 850-639-1100 <input type="checkbox"/> <input type="checkbox"/>			
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	Municipal	X State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	Jail	X Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b> Florida Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Florida			
<b>Physical address:</b> 501 South Calhoun Street			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 850-717-3030			
<b>Agency Chief Executive Officer</b>			
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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 Gulf Correctional Institution in the PREA process.

Upon arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. I requested a list of all inmates currently housed at the facility that have had a PREA case. From these listings, I randomly selected one (1) inmate from each housing unit, one (1) sight impaired inmate, one (1) hearing impaired inmate, one (1) segregated inmate and one (1) who reported sexual abuse or harassment. The Language Line was utilized to interpret for the limited English proficiency inmate. There are no youthful inmates assigned to the facility. There are no transgender or intersex assigned to the facility. There are 19 inmates listed as bisexual and 7 listed as gay inmates assigned to Gulf Correctional Institution. A total of thirty-two (32) random inmate interviews were conducted. Twenty-eight (28) random staff interviews were conducted and included staff from all work shifts and all areas of the facility. The Specialized Staff Interviews included fourteen (14) interviews for staff designated as: Intermediate/higher-level, Medical, Mental-Health, Volunteer, Contractor, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, and Intake Staff. The Secretary, PREA Compliance Coordinator, Human Resources staff and SART Nurse were formally interviewed at the Department's Central Office for the first audit. In addition to the randomly selected inmates we also interviewed approximately 22 staff and 28 inmates as we toured the compound during the tour and the 3 days of the audit.

After a brief discussion about the audit, the team proceeded to the compound for a facility tour. The tour of the facility was conducted on July 29, 2014 from 8:30 am to 4:30 pm. There are a total of 38 buildings at the Main Unit. These are 262 double bunked cells utilized for segregation. The Administrative Confinement unit has forty five (45) two person cells for a total of ninety (90) beds. These are housed in Y dormitory directly behind the classification medical complex. Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending transfer. There are six (6) cell housing units housing 288 each in four cell units and two housing 224 each eleven (11) open bay housing units housing an average of 144 each on the main unit and annex. Gulf Forestry houses 293 in four open bay housing units.

Design Population is 2095. Current population is 3318. There were 6315 inmates admitted to the Gulf CI in the past twelve months, 489 to the Gulf Work Camp. All were admitted as intra system transfers. All were housed for more than 72 hours. There are 744 inmates assigned to the facility who were admitted prior to August 20, 2012. The age range of inmates is 18 to 84 years of age. There are no youthful inmates assigned to Gulf or its satellite units. There is 613 staff assigned to

Gulf and the satellite units. There are 81 new hires that have contact with inmates. This is the initial audit for the facility. The average time under supervision is 18.72 years. Corzion Medical is the contract provider for health care. There are 27 employees employed by Corzion all who are trained according to the records provided.

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

The 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:**

Gulf Correctional Institution is a major correctional institution consisting of a Main Unit, an Annex and a Forestry Camp. The Main Unit and Annex complexes are located in the northern section of Gulf County approximately 40 miles from the city of Port St. Joe. Gulf C.I. Forestry Camp is located approximately 30 miles south of the Main Unit in the middle to southern section of Gulf County approximately 10 miles from the city of Port St. Joe. The Main Unit and Annex are close custody facilities housing offenders with custody classes ranging from Close to Community. The Main Unit opened in August of 1992. The facility houses a total of 1,556 inmate beds. This unit's mission is primarily an open population setting. There are (10) outside work squads for institutional property housed at the Main Unit and supervised by Main Unit Security staff. The institutional visiting park consists of an inside area with a seating capacity of 133 and an outside area with a seating capacity of 181. There is open visitation for all approved visitors on Saturday and Sunday of each week and on all official holidays. On average, 51 visitors attend visitation each weekend.

The Gulf Annex opened in May of 1999 and consists of three Secure Cell T-Buildings and five Open Bay dormitories housing 1464 inmates. The institutional visiting park consists of an inside area with a seating capacity of 135 and an outside area with a seating capacity of 95. There is open visitation for all approved visitors on Saturday and Sunday of each week and on all official holidays. On average 60 visitors attend visitation each weekend. The Annex compound is also broken up into three sections. The first section is the program area. The middle section is the housing unit. Lastly, the third section is the recreation area.

Gulf Forestry Camp is a Level 3 facility that houses offenders with custodies ranging from Medium to Community. Gulf Forestry Camp opened in 1989, housing approximately 293 inmates. The housing units are four open dormitory style units. This institution visiting park consists of an inside area with a seating capacity of 100. There is open visitation for all approved visitors on Saturday and Sunday of each week and on all official holidays. On average 14 visitors attend visitation each weekend.

Mission Statement: 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.

DAWGS (Developing Adoptable Dogs with Good Social Ability) program has been established at Gulf Forestry Camp in cooperation with the St. Joseph Bay Humane Society to assist in training dogs and providing them with obedience skills thus increasing their adoptability. This program established in March of 2009 has successfully led to the adoption of 354 K-9s and the successful completion of the program by 388 inmates, a reduction in inmate discipline, as well as a permanent job at a local animal shelter for four of the inmate graduates. The Annex has an established Intensive Outpatient program conducted by an outside contractor, Unlimited Path, which employs eight staff members providing substance abuse treatment within the academic building. An Inmate Tutor Assistance Program is located in two educational classrooms at the Annex with one teacher and four tutors for the 60 students enrolled. Under the leadership of Chaplaincy, a designated Faith and Character Based/Purposeful Living Unit houses 120 offenders who receive programming facilitated by volunteers and staff from the Chaplaincy Department. Gulf Forestry Camp has also recently started an educational program whereby an inmate tutor assists other inmates in preparing to obtain their GED. More than 20 inmates are using their "off" time in the evenings to participate in this program. There are six DC supervised Public Works Squads, eleven Non-DC Interagency Work Squads, one Non-DC Forestry Division Work Squads, and 3 Contract Work Squads that are assigned and work from Gulf Forestry Camp. Approximately 120 inmates are assigned to work in the community each day. Gulf C.I.'s Main Unit has devoted one quad of a secure cell Butterfly Dorm as a Re-Entry Dorm housing 54 inmates in the Re-Entry program as they prepare to reenter society. A moderated Education Department (Inmate Tutor Assistance Program) consisting of one Education Teacher, one OPS Teacher's Aide and six certified inmate tutors providing educational services to 124 inmates is also a vital part of Re-Entry efforts. Gulf Annex was selected to participate in the Veteran's project by designating an area of one of their dorms as a "Veterans Dorm." Inmates who are within 36 months of release and were formerly members of the military are given the opportunity to live in an environment that promotes the values instilled through their military service. In addition, they receive pre and post release services from community organizations that are specific to veteran's needs. "Thinking for a Change" training is provided by Classification Staff.

#### **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:

Number of standards met: 35

Number of standards not met: 6 (13, 15, 33, 41, 53, 82)

Number 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. There are posters in each common area in English and Spanish advising of the Zero Tolerance as well. The department has an agency wide coordinator. Ninety eight (98) percent plus of her work time is spent on PREA. She coordinates with the other 49 state institutional PREA managers. She also coordinates with the Private facilities.

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

**115.12 Contracting with other entities for the confinement of inmates**

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

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

**115.13 Supervision and Monitoring**

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

The facility operates at Level I staffing levels. Procedure 602.030 states Level II posts are essential to the daily normal operation of a facility. Operating at Level II allows all activities and programs to be marginally staffed. Level I posts are critical for the daily operation of a shift. The post chart shows one sergeant and one officer per housing unit. One of the two is then assigned secondary duties to provide security coverage for the yard, recreation, dining hall or canteen lines. This leaves one officer on the unit. They are assigned to the officer station. Routines rounds are not being made due to level I staffing. There is 3 on family medical leave full time and 11 on intermittent family medical leave. There are 2 on

military leave. In addition to the vacancy rate there is one out on Workman compensation, three (3) on extended sick leave. The vacancy rate is 12.16% with 59 vacancies at the time of the audit.

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)

There is cross gender viewing of inmates using the toilet facilities in their individual cells. Local policy requires the cell doors to be locked back from 6:00 am to 10:00 pm except during count times.

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

Female staff announces their presents on the housing units. This was confirmed during the tour and staff/inmate interviews. Housing logs show the announcement is logged at the beginning of each shift.

#### **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 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)

Gulf C.I. has 4 cameras in AC Confinement, 10 in DC Confinement, 4 in Food Service and 4 in the Visitation Park; all are recorded on a PELCO system in the communications room. The Annex has 4 cameras in AC Confinement, 4 in DC Confinement, 4 in food service, 4 in the visitation park, all recorded on a PELCO system in the communications room. O Dorm, Q Dorm and P1-dorm each have 2 cameras in each wing for a total of 14 cameras, recorded on a DVR located in the officer's station. 31 cameras in the MTB building not recorded. Forestry Camp has 3 cameras in the visitation park, and 1 camera in the parking lot, recorded on a DVR in the Control Room.



### **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. Corzion Healthcare provides mental health counseling until the contract with the victim advocate is finalized.

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

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

### **115.22 – Policies to Ensure Referrals of Allegations for Investigations**

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

During the past twelve months there were thirty eight (38) allegations made. Six were referred to administrative investigation and five were referred for criminal proceedings.

**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 613 staff trained. Each staff member was aware of their first responder responsibilities. Staff receives PREA training during their annual in-service training.

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

### **115.32 – Volunteer and Contractor Training**

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

Based on interviews and review of training records, volunteers and contract staff have been trained/ Volunteers do sign that they understood the training. The training is provided in a read and sign format. There are currently 27 healthcare contractor employed at the facility. There are 682 volunteers for Gulf CI, Annex and Gulf Forestry.

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

### **115.33 – Inmate Education**

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

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

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

**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.

**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 23 confirmed predators assigned to Gulf CI, 26 confirmed predators assigned to Gulf Annex and none assigned to Gulf Forestry. There are 5 confirmed victims assigned to Gulf CI, 8 assigned to Gulf Annex and one assigned to Gulf Forestry.

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

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

**601.209 Section 1k Page 5, 5i & 5j Pages 5 & 6, 8a & 8b Page 7**

#### **115.42 - Use of screening information**

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

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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

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. The bid should be awarded in October.

**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.

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**

**602.053 Section 4a4 Page 10**



### **115.65 – Coordinated response**

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

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

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

### **115.66 – Preservation of ability to protect inmates from contact with abusers.**

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

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

#### **Procedure 205.002 page 15**

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

**115.67 – Agency protection against retaliation.**

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

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

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

**115.68 - Post-allegation protective custody.**

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

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

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

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

**115.71 – Criminal and administrative agency investigations.**

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

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 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)

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.

Procedure 205.002 page 15 paragraph 4 section (f)

**115.78 – Disciplinary sanctions for inmates.**

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

Formal Disciplinary Procedures are in place. Reports of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**115.78 (a)-1: 33-601.301**

**33-601.301 Inmate Discipline - General Policy**

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

**33-601.314**

SECTION 1 ASSAULT, BATTERY, THREATS, AND DISRESPECT	Maximum Disciplinary Actions
1-5 Sexual battery or attempted sexual battery	60 DC + All GT
1-6 Lewd or lascivious exhibition by intentionally masturbating, intentionally exposing genitals in a lewd or lascivious manner, or intentionally committing any other sexual act in the presence of a staff member, contracted staff member or visitor	60 DC + 90 GT
9-1 Obscene or profane act, gesture, or statement – oral, written, or signified	30 DC + 90 GT
9-7 Sex acts or unauthorized physical contact involving inmates	30 DC + 90 GT

**9-35** Establishes or attempts to establish a personal or business relationship with any staff member or volunteer.

60 DC + 180 GT

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

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

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

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

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

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

All staff is trained as first responders. They take the preliminary steps to protect the victim. They notify the shift supervisor who immediately notifies medical staff. Should a victim report to medical they notify shift supervisor and only provide only treatment in life threatening situations.

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.

82C Inmate record did not indicate he was offered timely information and access to sexually transmitted infection prophylaxis as outlined in HSB15.03.36.

**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.

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Auditor Signature

Date