

ADULT PRISONS & JAILS



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| <b>Auditor Information</b>  |   |   |   |
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| <b>Telephone number:</b> 850-509-1662   |   |   |   |
| <b>Date of facility visit:</b> October 11-12, 2016  |   |   |   |
| <b>Facility Information</b>   |   |   |   |
| <b>Facility name:</b> Mayo Correctional Institution   |   |   |   |
| <b>Facility physical address:</b> 8784 W US 27, Mayo, FL 32066                                      |   |   |   |
| <b>Facility mailing address:</b> <i>(if different from above)</i> Same as above                     |   |   |   |
| <b>Facility telephone number:</b> (386) 294-4500  |   |   |   |
| <b>The facility is:</b>   | <input type="checkbox"/> Federal                | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County             |
|   | <input type="checkbox"/> Military               | <input type="checkbox"/> Municipal        | <input type="checkbox"/> Private for profit |
|   | <input type="checkbox"/> Private not for profit |   |   |
| <b>Facility type:</b>   | <input checked="" type="checkbox"/> Prison      | <input type="checkbox"/> Jail             |   |
| <b>Name of facility's Chief Executive Officer:</b> Scott Crews                                      |   |   |   |
| <b>Number of staff assigned to the facility in the last 12 months:</b> 267                          |   |   |   |
| <b>Designed facility capacity:</b> Annex: 1150; Work Camp: 230                                      |   |   |   |
| <b>Current population of facility:</b> Annex: 1115; Work Camp: 288                                  |   |   |   |
| <b>Facility security levels/inmate custody levels:</b> Close, Medium, Minimum and Community Custody |   |   |   |
| <b>Age range of the population:</b> 18-86 years of age  |   |   |   |
| <b>Name of PREA Compliance Manager:</b> Shellie Baker   |   | <b>Title:</b>                             | Assistant Warden                            |
| <b>Email address:</b> baker.shellie@mail.dc.dstate.fl.us  |   | <b>Telephone number:</b>                  | (386) 294-7166                              |
| <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, Tallahassee, Florida 32999                       |   |   |   |
| <b>Mailing address:</b> <i>(if different from above)</i>  |   |   |   |
| <b>Telephone number:</b> 850-488-5021   |   |   |   |
| <b>Agency Chief Executive Officer</b>   |   |   |   |
| <b>Name:</b> Julie Jones  |   | <b>Title:</b>                             | Secretary                                   |
| <b>Email address:</b> jones.julie@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>                             | PREA Coordinator                            |
| <b>Email address:</b> prisk.kendra@mail.dc.state.fl.us  |   | <b>Telephone number:</b>                  | (850)717-3303                               |

## AUDIT FINDINGS

### NARRATIVE

Upon arrival the audit team proceeded to the conference room in the Administration building. The team expressed their appreciation for the opportunity to be involved with Mayo Correctional Institution in the PREA process. The following persons were in attendance:

Scott Crews, Warden  
Shellie Baker, Assistant Warden-Programs, PREA Compliance Manager  
Ronald Rosell, Colonel  
Steven Micklos, Major  
Amelia Hill, Classification Supervisor  
Felicia Ellison, SCO/PREA Auxiliary Staff  
Mary "Regina" Lee, Sergeant/PREA Auxiliary Staff

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 October 11, 2016 from 9:00 am to 11:00 am. There are a total of 72 buildings on the Main Unit, Annex and Work camp. The Main Unit is currently closed and does not house any inmates. The design capacity for the Annex is 1150. The lawful capacity is 1345. The population at the time of the audit for the Annex was 1115. The average daily population for the Annex for the previous twelve months was 881. The design capacity for the Work Camp is 230. The lawful capacity is 328. The population at the Work Camp at the time of the audit was 288. The age range of the inmates assigned to the Annex is from 18 to 86 years of age. The age range of inmates at the Work Camp is 19-71 years of age. There have been 898 inmates assigned to Mayo Correctional Institution during the previous twelve months for 30 days or more. There are 166 inmates that were assigned to the Annex prior to August 20, 2012. The average length of stay for Annex is 1.38 years. The average length of stay for the Work Camp is five months. The custody level of the inmate population is close to community. There are 276 staff assigned to Mayo Correctional Institution. There has been 33 staff hired during the past twelve months. The areas toured were a total of two multi occupancy cell housing units, eight open bay dormitory housing units and various departments within the secured perimeter. Each cell unit houses 264 in four quads. Two open bay housing units are closed.

The various departments toured were Classification, Food Service, Medical, Mental Health, and Security. Segregation/Confinement units are 94 cells in wing one, two and three. C dormitory is utilized for disciplinary and administrative segregation. Segregation cells are double cell for a total bed capacity of 188. The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending investigation.

The day before the audit the auditor received a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates. A list of all inmates currently housed at the facility that have had a PREA case was also obtained. From these listings, one inmate from each housing unit, three segregated inmates, one who reported sexual abuse or harassment and two listed as non-heterosexual were selected. One inmate with limited English speaking proficiency was interviewed utilizing the language line. There are 73 limited English speaking inmates assigned to the facility. There are no youthful inmates assigned to the facility. There are seventeen self reported gay/bisexual inmates and no trans-gender or inter-sex inmates assigned to Mayo CI. A total of sixteen inmate interviews were conducted. Ten random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included fourteen interviews for staff designated as: Intermediate/Higher-Level, Medical, Mental-Health, 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. During the tour the auditor randomly spoke with nine staff and 28 inmates. There are 147 volunteers and 38 medical contractors approved to enter the facility on a daily basis.

During the previous twelve months there were eighteen allegations of sexual abuse and sexual harassment. There were seventeen handled as administrative cases and one criminal investigation. Eleven were inmate on inmate sexual harassment and seven were sexual abuse cases.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Mayo Correctional Institution is located eleven miles north of Mayo, Florida. Mayo is the only municipality within Lafayette County, Florida. The city of Mayo is approximately 80 miles southeast of Tallahassee, Florida. The address of the facility is 8784 West U.S. Highway 27, Mayo, Florida, 32066. The now closed Main Unit of the Mayo Correctional Institution was established in 1983 in response to the rapid increase in the Florida prison population. The currently operational Mayo Annex was constructed in 2010 and began operating in 2012. The Mayo Work Camp was completed and became operational in 1995. The Mayo Main Unit, Mayo Annex and Mayo Work Camp sit on a tract of state property which occupies approximately 360 acres of land.

The Mayo Correctional Institution mission statement specific to the facility which states "The Mission of the Mayo Correctional Institution is to protect the public by supervising offenders at a level of security commensurate with the danger they present. We will strive to provide a safe and humane environment for staff and offenders. We will coordinate with the community, governmental agencies, and other available resources to provide service to the community through partnership agreements and less formal cooperative efforts."

The physical plant of the Mayo Correctional Institution is divided into three major sections: The now closed Main Unit contains a variety of housing unit configurations to include one butterfly-style dormitory, three "T-Design" dormitories, one secure housing dormitory and four prototypical open-bay dormitories. The total bed capacity of the Main Unit is 1,573. The Main Unit was closed in 2012 when the Mayo Annex became operational. The Main Unit is available for occupancy in the event emergency conditions drive the need for additional beds.

The total bed capacity of the Mayo Annex is 1,512. Mayo Annex has inmates housed in six open-bay dormitories and two secure housing units. D Dorm (122 cells) is secure housing for close custody level four and five inmates. Annex housing consists of six open bay and two secure cell housing. The configuration of the open bay housing is a divided dormitory with center located officer station. Each side of the dorm has 86 beds per side. Secure Cell Housing configuration is separated into four quads. Housing units C and D are secure cell housing units. The total capacity of each is 240 inmates. Two of the cells can accommodate the housing of disabled persons. Quads one and four house 56 inmates in each quad. Quads two and three house 64 inmates in each quad. C-dormitory is a secure cell housing unit utilized as a Confinement or Segregation Unit. The unit houses disciplinary and administrative confinement inmates. Support buildings are located in the front and rear of the Annex. The front support building contain canteen space, medical services, visitation, Chapel and classification and programming. The rear support building houses laundry services caustic/toxic supply storage, food service, education and library services.

The Mayo Work Camp includes two open-bay style dormitories and houses inmates with custody levels of community, minimum, and medium. The total bed capacity of the Mayo Work Camp is 328. Community and minimum custody inmates are utilized to perform duties outside the secure compounds such as farm operations, outside landscape, and contracted services for governmental agencies in Mayo and the surrounding area.

## **SUMMARY OF AUDIT FINDINGS**

115.13 Facility does not have an adequate staffing.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 1

Number of standards not applicable: 2



**Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility meets the standard based on the Policy and Procedure 602.053 Prison Rape: Prevention, Detection and Response. 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 and seven private facilities. The PREA Coordinator reports to the Director of Institutions. The PREA Coordinator was very knowledgeable about the PREA requirements and is considered very effective in meeting the requirements of PREA. Institutional PREA Manager is the Assistant Warden for Programs. She reports to the Warden. The institutional PREA Manager coordinates with all areas of the institution to achieve compliance with the standards. The organization chart and memo designating the PREA manager were reviewed.

FDC 602.053 Prison Rape: Prevention, Detection and Response Page 2 Section 2

**Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Not Applicable-Facility does not have oversight of contract facility.

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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. TEA's are not allowed to directly supervise inmates. There were 86 vacancies at the time of the audit. The last day of the audit the facility hosted a job fair recruiting staff. The job fair is an ongoing activity. 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.

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The most common deviations were unscheduled absences, medical trips to outside hospitals and sick leave.

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Not Applicable-Facility is an adult housing facility. No youthful inmates are housed here.

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Mayo Correctional Institution is an adult male facility. Policy states shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances; and shall document all cross-gender strip searches and cross-gender visual body cavity searches. Based on documents reviewed and interviews of staff and inmates, Mayo Correctional Institution has not conducted cross-gender strip searches or cross-gender visual body cavity searches in the last twelve months. Departmental Policy states institutions shall not search or physically examine a trans-gender or inter sex inmate for the sole purpose of determining the inmate's genital status; and if the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Staff is trained how to conduct cross-gender pat-down searches, and searches of trans-gender and inter-sex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Through interviews of staff and inmates it was determined staff do not search or physically examine a trans-gender or inter-sex inmates for the sole purpose of determining the inmate's genital status, and only medical staff if needed would make that determination. Review of training records, lesson plans, and interviews of staff demonstrated staff had been trained to conduct how to conduct cross-gender pat-down searches, and searches of trans-gender and inter-sex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Dormitory housed inmates are provided privacy while showering (half walls) and while using the bathroom. Female staff announce each time they enter into the housing units. This process was verified during the tour and with the interviews conducted with the inmates and

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Department shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The auditor interviewed a limited English proficient inmate utilizing the Language Line. He indicated that staff has provided him information on PREA reporting. The auditor verified a staff translator list was available. The Department has a contract with Language Line for all languages. The language line is available for use by staff when a staff translator is not available. There are posters in English and Spanish posted next to the telephones. 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. A inmate translator was not used in a PREA allegation during the previous twelve months.

115.16 (a) -1 602.053 Sections 2e2 & 2e3 Page 8  
Procedure 604.101 Page 9-11

### Standard 115.17 Hiring and promotion 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Departmental Policy for Background Investigation and Appointment of Certified Officers (208.049) does not allow hiring or promotions of anyone who has been convicted of sexual abuse in prison/jail or in community. Background checks are done on all employees, contractors and volunteers. Background checks (FCIC/NCIC) 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. All volunteer and contract re-checks are completed annually and are up to date. According to the interview of the Central Office Human Resource person that handles all requests for employees seeking employment any criminal history is reported to the prospective employing institution. There was 33 background checks completed during the previous twelve months.

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

### Standard 115.18 Upgrades to facilities and technologies

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Facility has updated the video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The segregation unit cameras are audio as well video for the unit.

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Office of the Inspector General shall conduct all investigations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment pursuant to section 944.31, F.S., Procedure 108.003, Investigative Process and Procedure 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations except when a Memorandum of Understanding is in place. Inspectors were trained by the Moss Group to conduct sexual assault investigations. The Department of Corrections has a current agreement with Panhandle SART team to conduct forensic evaluations. Investigative Officers confirm the Chain of Evidence Protocol during the interview process. Policy is no co pay for any PREA incident or follow-up. Mental health services are provided by Centurion staff. Centurion staff provides follow up counseling. The outside victim advocacy agreement is with Another Way, Lake City, Florida.

115.21 (a)-3:Procedure 108.015 Section 7b, 7e, 7g – 7i, 7l, 7r, & 7u Pages 5-6, 9b3 Page 7, 9b9 & 9b10 Page 8  
Procedure 602.053 Section 4a5, Page 10, 5 a-g Pages 11 & 12

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Interviews with Administrative staff and investigative staff corroborate that all reports of sexual abuse or harassment are reported to the Inspector General's office. Procedure 108.015 covers sexual abuse and harassment investigations. A Management Incident Notification System document is completed on each incident and forwarded to the Inspector General's Office. The agency ensures that an administrative and/or a criminal investigation are completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015.

During the past twelve months, the number of allegations of sexual abuse and sexual harassment that were received is eighteen. During the past twelve months, the number of allegations resulting in an administrative investigation is seventeen. During the pasts twelve months one allegation resulted in criminal investigation. There were eleven cases closed during the past twelve months.

Procedure 108.015 Page 7-8 Inspector Responsibilities

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility trains all employees who may have contact with inmates on the following matters Agency's zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; The right of inmates to be free from sexual abuse and sexual harassment; The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse. Each employee, regardless of his or her position, is trained as a first responder.

Each housing unit has a laminated poster in the officer station outlining responsibilities in responding to allegations of sexual abuse. Interviews of random staff and general questions asked during the tour clearly indicated staff understanding of all aspects of responding to allegations of sexual abuse. Training records, staff interviews and curriculum reviewed indicated that the staff at is trained. In the past twelve months, 276 of 276 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive. Staff Training records are maintain in E-Train data base. Each staff receives an annual refresher course on PREA related topics.

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All volunteers and contractors who have contact with inmates have been trained on their responsibility under department policies. In the past twelve months, there have been 124 volunteers and 38 contractors who have been trained in the agency's policies. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received. The facility maintains documentation of volunteer training in the chaplain's office. Medical maintains their training files in the medical department. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault.

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



### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Departmental policy requires that all inmates receive PREA information upon arrival and PREA education as part of the Reception and Orientation process. During reception inmates are provided information through a PREA pamphlet and inmate rule book (both available in English and Spanish) that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents. During the intake process inmates view the PREA video and are given time to ask questions and staff stop the video and emphasize the points of zero tolerance and how to protect themselves from abuse and harassment. During orientation they receive additional training which expands on the previous information provided in the pamphlet and handbook. Inmates acknowledge receiving the PREA information in writing. Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates. Information provided included: inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. During the tour and interviews most inmates acknowledged the information being provided upon arrival and orientation. They definitely knew the agency zero tolerance policy; the difference between sexual abuse and sexual harassment; and that they have the right to be free from retaliation for reporting such incidents. A random review of inmate records showed that inmates acknowledge through signature they have received and understood the training. During the last twelve months 868 inmates were given this information at intake.

115.33 (c)-3: Procedure 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

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Departmental policy requires the Inspector receive specialized training in addition to the general education provided to all employees. The Inspector completed the MOSS Group training. The MOSS Group special training curriculum for Inspectors was reviewed and found to cover all requirements. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The interview of the inspector demonstrated he understood how to conduct a sexual abuse investigation in a confinement setting and what his role was. The agency maintains documentation that the Inspector has received both the general and investigative PREA training. Interviews with the inspector verified his knowledge of conducting investigations.

115.34 Procedure 108.015 Page 10 & 11

**Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Medical and mental health practitioners who work regularly at Mayo Correctional Institution are trained. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility medical staff does not conduct forensic examinations. The number and percent of all medical and mental health care practitioners who work regularly at Mayo Correctional Institution and have received training by the agency policy are 38 and 100% respectively.

115.35 Procedure 602.053 page 7 &8

**Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department has 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 system is IBAS (Inmate Behavioral Assessment Scale). 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. Criteria to include past violent convictions, violent disciplinary reports, STG affiliation, release dates, as well height and weight differentials are considered when housing inmates. The housing officer must review and approve any bed changes made.

There were 868 inmates entering the facility whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. There were 35 reassessments completed during the previous twelve months.

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

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The auditor interviewed members of the security staff and classification staff to question them on how the iBAS system is used to determine work/housing and education assignments. Each explained how it was used in detail considering victimization among other things. The placement of transgender and/or intersex inmates is done only after a Review Committee has reviewed the case. Transgender/Intersex inmates receive a face-to-face review within fourteen days of arrival, biannually and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned. Additionally, inmates who are identified as at high risk for perpetration or victimization are monitored through the iBAS system, to ensure inmates are not assigned to work, housing or education assignments in a manner that might increase their propensity for abuse. There are no transgender/intersex inmates assigned to Mayo Correctional Institution. Staff interviewed acknowledged transgender/intersex inmates would be given an opportunity to shower separately.

FDC Procedure 602.053 Page 6 Section 2A2, 2A3, 2A6, 2A8; Page 7 Section 2A9-2A11

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The administrative segregation unit is housed in segregation housing unit. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter. Review shows there were no inmates placed in protective status during the intake process.

FAC 33-602.220 Page 1 Section 1A, 2A, 2B; Page. 2 Section 3C; Page 3 Section 3C-3G, Page 4 Section 4D; Page 5 Section 5A-5G; Page 6 Section 5H-5P; Page 8 Section 8A-8C and 9A.

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Department of Corrections provides multiple ways for inmates to report sexual abuse, sexual harassment, and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment to include anonymously upon request. Inmates can call the OIG hotline. Inmates can also report to staff verbally or in writing. Departmental website provides for third party reporting. Interviews of inmates, staff and review of policies, inmate handbooks and information posted next to the inmate phones in the housing areas verified the inmates have multiple internal ways to report incidents of abuse or harassment. During the tour the phones were tested. Examples of inmate reporting through different means were reviewed when investigative cases were reviewed. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are promptly documented by incident report. Staff training covers the ways for staff to report sexual abuse and sexual harassment of inmates. During interviews some staff knew they could report sexual abuse and harassment of inmates to the Inspector General via the hotline. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard. Department of Corrections does not house inmates solely for civil immigration.

FDC Procedure 602.053  
FAC 33-103.006 Filing a Formal Grievance

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Inmates may file a grievance; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process would not involve staff who may be the subject of the complaint. FAC 33-103.006 states "If the inmate or third party is filing a grievance involving sexual abuse, it shall be clearly stated in the first line of the grievance that it is a grievance related to sexual abuse. Also on Form DC1-303 the third party filer shall check the box next to Third Party Grievance Alleging Sexual Abuse. If this statement is not included in the grievance and if the third party box is not checked, the grievance shall be responded to. This will not be a reason to return the grievance without action to the filer". There were four grievances filed in the previous twelve months that were responded to within five days. There were no third party or emergency grievances filed in the previous twelve months.

FDC Procedure 602.053  
FAC 33-103.006 Page 2 Section 1C, 1E, Page 3 Section 1H, Section 1L

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse with a memorandum of understanding with Another Way, Lake City, Florida. Inmates are provided a mailing address and telephone number for the center. The facility is an adult prison and does not house individuals detained solely for civil immigration purposes. Inmates are provided reasonable communication between inmates and these organizations in as confidential a manner as possible. The Institution informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The institution informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality.

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department has third party reporting of sexual abuse or sexual harassment through the public website via third party grievances and the citizens complaint form. Inmate and staff acknowledged both during interviews. The third party grievance form is available online at [www.dc.state.fl.us/oth/inmates/prea-grievances.html](http://www.dc.state.fl.us/oth/inmates/prea-grievances.html). The citizens complaint form can be found at <http://www.dc.state.fl.us/apps/igcomplaint.asp>. Information is also posted near the telephones that provide the inmates a telephone number to make third party reports, along with numbers to tell family and friends to make third party reports. Interview of inmates demonstrated they knew how third party reporting could be accomplished. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect an offender has been sexually abused, sexually harassed or requires protection. Offenders interviewed were aware of this method of reporting.

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### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Department policies require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the Inspector General via the MINS reporting system. Review of investigative files; and interviews of staff and inmates verified staff immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

FS 944.35 Page 2 Section 2D Section 4A-4C  
Staff Training Curriculum PREA Pages. 3-4 Section 18, Section 19

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Departmental policy requires all staff to take immediate action to protect any inmate they learn is subject to substantial risk. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Shift Supervisor, Chief of Security and Warden. In the past twelve months there were eighteen times the inmate was removed from population so the facility could determine whether an inmate was subject to substantial risk of imminent sexual abuse. The facility made the determinations less than one hour of learning of the threat. Each housing unit had a poster in the officer station outlining the responsibilities of the first responders.

FAC 33-602.220 Page 1 Section 2A-2B; Page 2 Section 3C; Page 3 Section 3F-3G; Page 4 Section 4D  
FDC Procedure 602.053 Page 7/Section B5; Page 9 Section 3C; Page 9-10 Section 4A, Section 4A2



### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Departmental policy requires when a sexual abuse allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. Interviews of the Warden, Assistant Warden and PREA Compliance manager demonstrated they knew the procedures to follow. There was one alleged incident at other institutions reported during the intake process to staff. Documentation provided the Warden notified the previous facility Warden.

FDC Procedure 602.053 Page 10/Sec. 8

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Procedure clearly specifies procedures to respond to an allegation of sexual abuse for both security and non-security staff. Random interviews with staff confirm both security and non-security staff knew what to do upon learning an inmate was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence including, as appropriate, not washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating;. Staff was very cognizant about ensuring safety and well-being of an alleged victim while insuring that physical evidence is not destroyed or contaminated. Review of investigative files further demonstrated security and non-security staff knew what to do as the first responder to a sexual assault. Training records and staff interviews confirm the staff is trained as first responders. In the past twelve months there were seven allegations of sexual abuse. In one case the staff member receiving the allegation separated the alleged victim and abuser. The other cases occurred in years past or they were already secured in a single cell housing unit. One case was within the time period that allowed for collection of physical evidence.

FDC Procedure 108.015 Pg. 5-7/Sec. 7A-7L, 7R, 7U

FDC Procedure 602.053 Pg. 10/Sec.4A4

PREA Staff Training Curriculum Pg. 2/Sec. 21-23; Pg. 3/Sec. 21-22; Pg. 4-6/Sec. 22-2

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Mayo Correctional Institution has an institutional plan, which outlines what is to take place in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, Inspectors, and facility leadership. Interviews with specialized staff confirmed they were knowledgeable about their individual and collaborative responsibilities.

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### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The security agreement effective October 15, 2015 covers the discipline of staff on Page 13 article 7. The agreement does not prohibit discipline or termination for incidents of sexual abuse.

Collective Bargaining Agreement Pg. 14/Art. 7, Sec. 1A; Pg. 17/Art. 7, Sec. 2G  
FS 110.227 Pg. 1/Sec. 1; Pg. 2-3/Sec. 5B

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Departmental procedure describes the policy and practice to be followed to ensure that there is no retaliation against any inmate or staff member who reported sexual abuse or sexual harassment. The Assistant Warden of Programs is the staff member charged to ensure compliance to this policy. Classification staff monitors the conduct or treatment of inmates who reported sexual abuse and who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. Classification staff receives an appointment (IM05) to interview the inmate every 30 days. They conduct periodic checks up to 90 days but beyond if the Assistant Warden of Programs feels the situation requires it. With inmate retaliation the Classification staff looks at inmate disciplinary reports, housing, and or program status changes. The Assistant Warden of Programs monitors staff by reviewing performance reviews or reassignments and shift changes.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 10 Section 4A7, Page 9-10 Section 4A page 9 Section 3C

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Interviews with the Warden, Segregation Supervisor and some Segregation line staff all indicated that segregation has not been used during the last twelve months to protect an alleged victim. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter.

FAC 33-602.220 Administrative Segregation

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department of Corrections Office of Inspector General conducts investigations into allegations of sexual abuse and sexual harassment, it does so thoroughly, and objectively for all allegations, including third-party and anonymous reports. Third party and anonymous reports are treated no different than a first person report. The Inspector conducts all investigations immediately on being notified of the allegation. Based on his interview the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. The Inspector's training records and interview demonstrated the special training they received from the Moss Group and the Department trainers. Inspectors are responsible for gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the preponderance of evidence appears to support criminal prosecution, the Office of the Inspector General conducts compelling interviews only after consulting with the state attorney as to whether compelling interviews may be an obstacle for subsequent criminal prosecution. A substantiated allegation of conduct that appears to be criminal is referred for prosecution. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations document in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

FS 944 31 Pn 1

### Standard 115.72 Evidentiary standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Investigative Procedure indicates that only a preponderance of evidence is the standard when determining allegations of sexual abuse or sexual harassment is substantiated. During the interview with the Inspector she indicated that this is the threshold used by Inspectors in their investigations.

FDC Procedure 108.003 page 3 Section 20, page 5 Section 39, page 6 Section 43-44, Page 7 Section 54-55, page 11 Section 5E, Page 16 Section 8  
FDC 108.015 Investigative Process

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The auditor reviewed completed investigative files at Mayo Correctional Institution. In each case file was written notice of notification where the inmate was informed of the outcome of the investigations whether it had been determined to be substantiated, unsubstantiated, or unfounded. If there were any substantiated allegations of sexual abuse by a staff member, the inmate would be informed in writing to include whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the inmate was alleged to have been sexually abused by another inmate, the Inspector informs the alleged victim whenever: the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or been convicted on a charge related to sexual abuse within the facility. There were eleven completed investigations in the previous twelve months and in all eleven the inmate was notified of the outcome of the investigation.

FDC 602.053 page 14 Section 9  
FDC 108.015 Page 10 Section 11B, 11D

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Staff is subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies

Florida Statute 944.35 Page 2 Section 2B1-2B3 Section 3D, Section 4A-4B  
FAC 60L-36.005 (3) d-g

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The employee code of conduct policy applies to contractors and volunteers. It requires contractors or volunteers who engaged in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden reported that have been no allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they were aware of the zero tolerance policy for engaging in sexual abuse or sexual harassment of inmates or staff. There have been no issues with any contractors or volunteers at Mayo Correctional Institution.

FDC 602.053 Prison Rape: Prevention, Detection, and Response  
FDC 205.002 Contract Administration and Management 205.002 Page 24 Section 15C4

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. In the past twelve months there were no administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past twelve months there were no criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The Department has posted a range of penalties for prohibited conduct. The disciplinary team has ten different levels or combination of levels to administer penalties. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the inmate is on medication for mental health reasons mental health services is contacted before moving forward with writing of disciplinary report.

The facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Medical, Mental Health and the Warden all confirmed participation is not a condition of access to the program.



**Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Procedure requires that any inmate reporting any prior victimization or indicating sexual abuse be seen no longer than fourteen days after arrival. Any inmate received at and makes any reference to victimization and perpetrated sexual abuse is seen by medical/ mental health usually right after intake interview or the next day. Medical and Mental Health staff get informed consent before reporting prior sex victimization, which took place not in an institutional setting. Mental health staff maintains DC forms and logs documenting compliance with Health Service Procedures. The information shared with other staff is strictly limited to informing security and management, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required Departmental Procedure. Randomly selected records reflect victims were being seen within the fourteen days of arrival or immediately after incident.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12 Section 6A-6B

**Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Procedures mandate the inmate victims of sexual abuse receive immediate access to medical and mental health services. Interviews with staff and inmates confirm inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services from medical and mental health staff. Centurion Medical Services provides this service. If alleged sexual abuse occurred within 72 hours, security escorts the victim to medical department for medical staff to assess and stabilize while awaiting SART team arrival for a forensic exam. Inmates receive information and timely access to contraception and to sexually transmitted infection prophylaxis. There is no cost for forensic exams or treatment to the inmate. There has been one inmate see by the SART team during the previous twelve months.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Pages 12-13 Section 6C-6F  
Health Services Bulletin 15.03.36  
FDC 401.010 Page 3 Section 1D9

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Procedure 602.053 requires all inmates be offered medical and mental health evaluations to those who were sexually abused in any prison, jail or juvenile facility including follow up services. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Mayo Correctional Institution through Centurion offers mental health services to all known inmate abusers, if appropriate. The facility also offers mental health service to all known inmate victims as well. Treatment services are provided to the victim without financial cost. This practice was confirmed by interviews with staff and inmates; and medical and mental health documentation demonstrates there is on-going medical and mental health care for sexual abuse victims and abusers. Medical and mental health conducts follow-up care for sexual abuse incidents. Facility is a male only facility.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12-13 Section 6C, 6E-6F  
Health Services Bulletin 15.03.36

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy requires post incident reviews are done within 30 days of the conclusion of every investigation except were the allegation was unfounded. Departmental policy identifies the members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses to conduct sexual abuse incident reviews. The incident review team is made up of the Assistant Warden of Programs, Chief of Security and the Classification Supervisor. The review team gets input from line supervisors, Inspectors, and medical or mental health practitioners. The auditor reviewed two incident reviews. The incident review was used in determining causes and better policies and practices to better prevent, detect, or respond to sexual abuse. The Department has a PREA after action review form that addresses all elements of the standard. Incident review team members were interviewed and were very knowledgeable of the process. The facility may include agency staff in the discussion during the incident review.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 3-4 Section 17-18 page 14-15 Section 12

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department of Corrections provided documents demonstrating data was being collected, aggregated and maintained. The Department maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data is collected from a number of sources, but main source is Management Information Notification System (MINS). The MINS system includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PREA Coordinator has access to information in MINS and gets other information upon requests to OIG. The information is aggregated for all to be placed in Annual Report. The report was completed and provided to DOJ September 2016.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7  
2013 Corrective Action Plan for the facility.

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department PREA coordinator reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. The Institution PREA Compliance Manager ensures the data collected on sexual abuse and sexual harassment cases is forwarded to the PREA Coordinator monthly. The PREA Coordinator ensures the information is provided for purposes of Departmental reporting. An annual report is prepared.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7  
2015 Corrective Action Plan for the facility.

**Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department ensures that incident-based and aggregate data are securely retained. Departmental policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, the Department removes all personal identifiers. The Department maintains sexual abuse data collected following state statute. Up to date survey information is submitted and verified 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.

FDC Procedure 602.053 Page 13 Section 7 Page 14 Section 10-11  
115.89 (b)-1 Survey of Sexual Violence Part B

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Hubert L. "Buddy" Kent

February 24, 2017.

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Auditor Signature

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Date