

ADULT PRISONS & JAILS



<b>Auditor Information</b>			
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<b>Telephone number:</b> 850-509-1662			
<b>Date of facility visit:</b> October 27-30, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> South Florida Reception Center			
<b>Facility physical address:</b> 14000 NW 41 St Doral, Florida 33178			
<b>Facility mailing address:</b> <i>(if different from above)</i> Same as above			
<b>Facility telephone number:</b> 305-592-9567			
<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> Jose Colon, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b>			
<b>Designed facility capacity:</b> Main Unit 792 South Unit 686			
<b>Current population of facility:</b> Main Unit 1085 South Unit 889			
<b>Facility security levels/inmate custody levels:</b> Close, Medium, Minimum and Community			
<b>Age range of the population:</b> 18-91 years of age			
<b>Name of PREA Compliance Manager:</b> Alonzo Horner		<b>Title:</b>	Assistant Warden
<b>Email address:</b> horner.alonzo@mail.dc.state.fl.us		<b>Telephone number:</b>	305-717-0215
<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
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Kendra Prisk		<b>Title:</b>	PREA Coordinator
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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 South Florida Reception Center in the PREA process. The following persons were in attendance:

Jose Colon, Warden  
Alonzo Horner, Assistant Warden-Programs  
Guerre Bens Noel, Health Services Administrator  
Colonel T. Sharpe  
Major J. Love  
Major F. Long  
Major A. Martinez  
Major F. Urbina  
Ms. J. Mardini Classification CSA  
Mrs. E. Riley-Mosby Senior Classification Officer.

After a brief discussion about the audit, the team proceeded to the compound for a facility tour. The tour of the main unit was conducted on October 27, 2015 from 9:00 am to 12:30 pm. The South Unit was toured from 5:00 pm to 7:30 pm. The work release centers were toured on October 28, 2015 from 8:00 am to 7:00 pm. There are a total of fourteen buildings on the main unit grounds and a total of twelve buildings at the South Unit. The design capacity for the main unit is 792. The lawful capacity is 1315. The population at the time of the audit for the main unit was 1100. The average daily population for the main unit for the previous twelve months was 1086. The design capacity for the South Unit is 696. The lawful capacity is 889. The population at the South Unit at the time of the audit was 889. The age range of the inmates assigned to the main unit is from 18 to 91 years of age. There have been 6222 inmates assigned to South Florida Reception Center during the previous twelve months for 72 hours or more. There were 129 inmates that were assigned to the main unit and eleven assigned to the South Unit prior to August 20, 2012. The average length of stay is 21 days for the main unit. The custody level of the inmate population is close to community. There is 687 staff assigned. There has been 778 staff hired during the past twelve months. The areas toured were a total of one single cell, twelve multi occupancy cell housing units, nine open bay dormitory housing units and various departments within the secured perimeter. The various departments toured were Classification, Food Service, Medical, Mental Health, and Security. Segregation cells are double cell for a total bed capacity of 234. 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, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. A list of all inmates currently housed at the facility that have had a PREA case was also requested. From these listings, one inmate from each housing unit, two segregated inmates, one who reported sexual abuse or harassment, two listed as non-heterosexual, two hearing impaired and two speech impaired inmates were randomly selected. Four inmates with limited English speaking proficiency were interviewed utilizing the language line. There are no youthful inmates assigned to the facilities. A total of 62 inmate interviews were conducted. 32 random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included 27 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 23 staff and 32 inmates. There are 183 volunteers and 127 contractors approved to enter the facility on a daily basis.

There were 23 reported allegations from January 2015 until October 27, 2015. Of those allegations two were duplicates and were not PREA's so therefore only 21 allegations were legitimate. Of those, twelve were inmate on inmate abuse, two were inmate on inmate harassment and seven were staff sexual misconduct.

## DESCRIPTION OF FACILITY CHARACTERISTICS

South Florida Reception Center is located at 14000 Northwest 41 Street, Doral, Florida 33178 in southern Florida, approximately seventeen miles from Miami in Dade County. There is a main facility called the "Main Unit" and a satellite facility called the "South Unit". Additionally the South Florida Reception Center is the parent facility to Miami North Work Release Center; Opa Locka Work Release Center; Hollywood Work Release Center; Bridges of Pompano and Pompano Transition Center. The Main Unit was established in 1985 to house male inmates. The South Unit was established in 1991 to house adult male inmates. It was closed due to lack of utilization, but was reopened in August 2002. The South Unit is currently designated as an elderly offender facility housing primarily inmates age 59 and older. The South Florida Reception Center is one of three Florida Department of Corrections reception centers for males. It can handle medical and psychological grades one through five.

As you enter the South Florida Reception Center grounds you pass staff housing before entering the parking lot of the Main Unit. The Main Unit perimeter includes a double twelve foot fence with razor wire and microwave alert systems to enclose the perimeter. One of the fences is a stun fence. There are two armed mobile patrols and three towers on the perimeter. Cameras further enhance perimeter security. There are two vehicle gates and one pedestrian gate. The pedestrian and one of the vehicle gates are in the front adjacent to the administrative building; the other vehicle gate is in the rear of the facility. The administrative building straddles the fence line, the warden's office, administrative offices, and the emergency operations room is on the unsecured side of the building. Separating the unsecured side from the secure side is a central control that control access into the secure area; monitors communications, fence line, and cameras; and issues badges and equipment. On the secure side of the administrative building are medical, dental, mental health, visitation, classification, and other administrative offices. The secure perimeter is divided into two campuses. The smaller campus to the left of the administrative building is six housing units; two open dorm housing units (Charlie and Foxtrot) and four cell housing units (Alpha, Bravo, Delta, and Echo). A fence line that is manned by correctional officers separates the rest of the main unit. Right next to the fence line is the dining facility/kitchen and maintenance building and clockwise back to the administrative building is in order Gulf, Hotel, India, Juliet, Kilo, and Lima Housing units. India Housing unit has been closed due to the reduced population. Transfer and Release Building is behind Lima Housing unit for easy access from the front vehicle gate. The recreation yard is between all the housing units on that side of the Main Unit.

All the general population housing units (Alpha, Gulf, Hotel, India, Juliet, Kilo, and Lima) are similar. The design is a triangle with a control room in the middle of the long base for visual access to the housing units. Each unit provides 64 two man cells with basic furnishings, common shower facilities and a day room in the middle of the housing area with phones and televisions.

The Bravo Housing unit houses youthful offenders from the age of 18 to 24 in the reception process. Bravo Housing unit is self-contained and secured by a fence around the housing unit and outdoor recreation area. The design is a triangle with a control room in the middle of the long base for visual access to the housing units. Each unit provides 64 two man cells with basic furnishings, common shower facilities and a day room in the middle of the housing area with phones and televisions. The segregation is to ensure no contact with the adult offenders. Youthful offenders have their own recreation area with running track, exercise bars, and soccer area. They are escorted by security whenever it is necessary to leave their secured area.

Charlie Housing unit is an open bay dormitory with 144 beds, single and double bunked with common showers, toilets, sinks, and a day room. Foxtrot Housing unit is a dormitory that was renovated to create a Palliative Care/Rehabilitation unit. The unit opened in December 2010 with 42 beds designed to house inmates terminally ill enrolled in the palliative care program and 42 beds to house inmates in need of medical rehabilitation. Palliative Care/Rehabilitation unit is considered an intensive medical program unit and does not substitute for infirmary, hospital level care, or emergency four room care. The goal of the program is to assist medically involved patients to maximize their functional abilities and/or health status to the extent their illness allows, and movement to another level of care. Inmate furniture includes hospital type beds and side tables. A nurse station is located between the two dorms with a view of the entire dormitory.

The Crisis Stabilization unit (Delta Unit) houses a maximum of 47 inmates who have mental health needs which requires them to be segregated from the general population. Group and individual therapy is conducted by the mental health staff in aiding inmates in crisis to stabilize for successful reentry into general population. Security has a control center that controls entrances into the housing unit and all doors. A nurse station is also inside the housing unit.

Echo Housing Unit is the segregation housing unit, similar in design to the general population cell housing unit except for the recreation area is to the rear of the housing unit.

An annex road on the side of the Main Unit leads to the South Unit located behind the Main Unit and the maintenance buildings and warehouses. The South Unit perimeter is protected by a double twelve foot fence with razor wire and microwave alert systems to enclose the perimeter. One of the fences has microphonics system. There is one armed mobile patrol on the perimeter and one tower in the facility perimeter.

The back unit is called the South Unit, which houses elderly offenders who are 59 years of age or older; as well as Permanent Party Inmates assigned to public works squads and outside institutional grounds workers. All housing in the South Unit consists of open bay dormitories. Nearly all of the institution's structures are located within the perimeter fence, except for the administrative offices, maintenance, the main tool room, and the arsenal. There are three, approximately 39 feet tall towers at the South Unit that are manned by armed correctional officers.

The facility is in a shape of a rectangle. You enter the secure perimeter through the pedestrian sally port in the control room building. Adjacent to it is one of two vehicle sally ports, the other on the right side of the perimeter adjacent to the laundry building. The control station admits staff and visitors to the facility and serves as the communications hub. This post also admits emergency vehicles into the institution through an adjacent sally-port. The secure compound is divided into three zones: Section I consist of Food Service, Education, Laundry, Chapel and Visitation Building. Section II consists of seven housing units, two inmate canteens, one inmate barbershop, Captains office, and center gatehouse movement area. Section III consists of the recreational facilities. Between sections is a security

## **SUMMARY OF AUDIT FINDINGS**

115.13 Lacks Adequate staffing for the housing units

115.33 Inmate Orientation was not provided to inmates in in-transit status. This is for inmates at the facility for a extended period of time not the routine transfers that are in and out in a one or two days. - Corrected

Number of standards exceeded: 2

Number of standards met: 38

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 Security Operations. The PREA Coordinator was very knowledgeable about the PREA requirements and was considered very effective in meeting the requirements of PREA. Institutional PREA Manager is the Assistant Warden for Programs. He reports to the Warden. The institutional PREA Compliance Manager coordinates with all areas of the institution to achieve compliance with the standards. The SFRC is a complex of main unit and annex with five work release centers. The PREA manager coordinates with all the units ensuring the PREA standards are in compliance.

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.**

Facility has oversight of two contract facilities. Each facility met the standards and staff were aware of the procedure that requires all staff to immediately report 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 contracts have the necessary PREA language. There were no PREA allegations at any of the centers.

### 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. There are ninety (90) in TEA class. TEA's are not allowed to directly supervise inmates.

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.

FDC Procedure 602.030 Page 4-5 and 9

### 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.**

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.**

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. Dormitory housed inmates are provided privacy while showering (half walls) and while using the bathroom. Cell units have privacy screens on the shower doors. 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 staff. Housing Logs show the announcement made at the beginning of each shift. Housing and Control Logs show the Officer in Charge making unannounced rounds.

115.15 (a) -1: 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

### 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 four limited English proficient inmates utilizing the Language Line. They indicated that staff has provided 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.

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.

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.**

Not Applicable Facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

### 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 Department is responsible for investigating allegations of sexual abuse, the department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Procedure is outlined in PPD 108.015. Miami-Dade investigators handle all criminal investigations. The Office of Inspector General Inspectors handle all administrative investigation. Inspectors were trained by the Moss Group to conduct sexual assault investigations. Forensic exams are completed at Jackson Memorial Hospital. 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 Wexford staff. Wexford staff provides follow up counseling. At the time of the audit there was no outside agreement to provide crisis counseling and victim advocacy services for South Florida Reception Center however during the corrective action period an MOA was established with Roxcy Bolton. There were no forensic medical exams conducted at the unit during the past twelve months.

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)

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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. The agency ensures that an administrative and/or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015. All criminal investigations are completed by Miami-Dade Police Department.

During the past twelve months, the number of allegations of sexual abuse and sexual harassment that were received was 21. During the past twelve months, the number of allegations resulting in an administrative investigation is two. During the pasts twelve months the number of allegations resulting in criminal investigations is nineteen.

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)

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All staff is trained on the Agency's policy on zero tolerance and their responsibilities to fulfill their obligations including the searching of trans-gender or inter-sex inmates. 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 South Florida Reception Center is trained. In the past twelve months, 577 of 577 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.

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

### 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)

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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 310 volunteers and contractors who have been trained in the agency's policies. 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)

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Inmate PREA education is available in accessible formats for all inmates including those who are Limited English proficient, Deaf, visually impaired, otherwise disabled and/or limited in their reading skills. The intake process was observed, the inmate handbook was reviewed and interviews with staff and inmates revealed that inmates receive information at the time of intake about the zero tolerance policy and how to report instances of, or suspicions of sexual abuse or harassment. During the last twelve months 6222 inmates were given this information at intake. The inmate's participation in these educational sessions is documented through signature of a form. Departmental policy also requires that inmates that were transferred to South Florida Reception Center be educated regarding their rights to be free from sexual abuse, harassment and retaliation. Interviews and follow up documentation review showed some inmates were in extended in-transit status. The normal in-transit status is not longer than five days before moving to new institution. It was found however that there were several inmates designated as in-transit status for several months. Many of these were inmates at the facility for medical service. Inmates in extended in-transit status were not receiving the inmate education.

Corrected: The Department modified the inmate education and now utilize JDI's "PREA: What You Need To Know" video. The video is accompanied by a facilitators guide that staff is required to follow. The guide specifically addresses that inmates that are in the custody of the facility for more than 24 hours are required to receive the PREA education. Therefore all in-transit inmates receive the inmate education.

### 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)

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A review of the Inspector's training record along with his interview indicated he received specialized training, in addition to general training provided to all employees. 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. Training records are maintained in the departments E-Train database.

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)

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All full-time and part-time medical and mental health care practitioners who work regularly at South Florida Reception Center have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The number and percent of all medical and mental health care practitioners who work regularly at this facility and have received training by the agency policy are 127 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. In the past twelve months there were 6222 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. The departmental policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) A few of the components of the screening include; whether the inmate has a mental, physical, or developmental disability, whether the inmate is or is perceived to be gay, lesbian, bisexual, trans-gender, inter-sex, or gender non-conforming whether the inmate has previously experienced sexual victimization or the inmate's own perception of vulnerability. Inmates who are victimized or abuse other inmates are reassessed for risk of sexual victimization or risk of sexually abusing other inmates within seven days of learning of an alleged incident. There were nineteen reassessed during the previous twelve months.

### 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 intake 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 trans-gender or inter-sex inmates is done only after a Medical Review Committee has reviewed the case. Trans-gender/Inter-sex inmates receive a face-to-face review within fourteen days of arrival, biannually with classification 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.

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.**

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. No inmates were placed in protective custody based on their risk of sexual victimization.

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.**

The Department has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. The officers interviewed stated staff and inmates may privately report any abuse, harassment, or neglect verbally, in writing, anonymously or to a third party. Staff are required to document verbal reports on incident reports. Staff must immediately report any allegation to their supervisor or anyone in the chain of command. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard. Staff receive annual training in PREA education.

FDC Procedure 602.053 Page 9-10  
Inmate Handbook Page 16

### 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 have been two grievances involving PREA related issues filed during the previous year.



### 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 Department is working with local vendors to provide access to outside confidential support services. The vendor will then provide a hotline, a mailing address and telephone and in-person counseling sessions (as appropriate) to inmates who require emotional support services due to sexual abuse or sexual harassment.

Corrected: The Department has an executed MOA with The Roxcy Bolton Rape Treatment Center to provide advocacy services to inmates in Miami-Dade county. The agreement began on January 11, 2016. The facility has posted the hotline number as well as the mailing address in all housing units. The information is also dispersed during the PREA education at intake and is found on the NI1-120 brochure.

### 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 DCWEB citizen's complaint form and through a third party grievance. Inmate and staff acknowledged both during interviews. Inmates can report third party via the TIPS line, which is the telephone line that is directly connected to the OIG's office. The third party grievance form is available on line at [www.dc.state.fl.us/oth/inmates/prea-grievances.html](http://www.dc.state.fl.us/oth/inmates/prea-grievances.html). Citizens may complete report by accessing the DCWEB <http://www.dc.state.fl.us/apps/igcomplaint.asp>

FDC 602.053 Prison Rape: Prevention, Detection, and Response

### 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.**

Procedure requires all staff to immediately report 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. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported. The Department policy requires all staff to report immediately and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Compliance with all aspects of the standard was verified through a review of the policy and staff / inmate interviews.

FS 944.35 Page 2 Section 2D Section 4A-4C

FDC Procedure 602.053 Page 7

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.**

Each staff member interviewed, from the Warden to the line staff person, indicated that when he or she learns that an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate. It starts with removing the inmate from potential danger, notifying their supervisor and preserving any evidence. Each housing unit had a poster in the officer station outlining the responsibilities of the first responders. In the previous twelve months the facility determined there were 21 inmates that may have been subject to a substantial risk of imminent sexual abuse and thus a temporary or permanent housing change was initiated.

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 an inmate reports that he/she 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 were no allegations of incidents at other institutions reported during the intake process to staff. There were four reports of victimization reported during the intake process occurring at other institutions.

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. All staff are trained as first responders. The interviews conducted on all shifts with security and non-security staff demonstrated that regardless of their position staff knew the policy and practice. Staff was very cognizant about ensuring safety and well-being of an alleged victim while ensuring 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 nineteen allegations of sexual abuse. In each case the staff member receiving the allegation separated the alleged victim and abuser. In the past twelve months, there were no allegations where staff was notified within a time period that still allowed for the collection of physical evidence. There were no allegations reported to non security staff during the previous twelve months.

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

FDC Proc. 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.**

South Florida Reception Center 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, investigators, and facility leadership. Interviews with specialized staff confirmed they were knowledgeable about their individual and collaborative responsibilities.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

### 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 contract was reviewed and the agreement or any future agreements allow for staff to be disciplined and/or terminated based on an investigative finding of sustained or exceptionally cleared by the OIG. Nothing in the agreement prohibits staff from being placed on no contact based on a PREA allegation.

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. 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. 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



### 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 conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, 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. Miami-Dade conducts all criminal investigations. The Departmental Inspector works in support of the Miami-Dade investigators. The OIG conducts all administrative investigations. According to the Inspector's 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 he received from the Moss Group and the department trainers. Investigators 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, compelling interviews are conducted 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.

FDC Procedure 108.003 Pas. 2-7; Pa. 8/Sec. 1A 1B 1D; Pa. 11/Sec. 4A; Pa. 13/Sec. 4K; Sec. 6; Pa. 19-20/Sec. 13A 13B 13F 13G; Pa.

### 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 whether allegations of sexual abuse or sexual harassment are substantiated. During the interview with the Inspector he 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 administrative investigative files at South Florida Reception Center. There was one administrative investigation that was completed by the facility where the inmate was notified of the outcome of the investigation. All other investigations were open and being investigated by an outside agency. There were no substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in the institution in the past twelve months. 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 agency 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 investigator 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.

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.**

Florida Statute 944.35 describes the penalty for staff involved in sexual abuse as; termination shall be the presumptive disciplinary sanction. There were no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate in the institution in the past twelve months.

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 there 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 South Florida Reception Center.

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.**

Inmate handbook states "There is no such thing as legal consensual sex in prison. Department of Corrections policy and the statute prohibit all sexual behavior between inmates. Disciplinary policy stipulates that inmate-on-inmate sexual activity (not forced) will result in a disciplinary report be written for violation of 9-7 Sex acts or unauthorized physical contact involving inmates. This report results in a disciplinary hearing being held on the inmate within the facility. For the purpose of disciplinary action, a report 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. Allegations that are sustained that involve inmate perpetrators will generate a referral for the perpetrator to be reviewed for Close Management.

FAC 33-601.301 Page 1 Section 1 Inmate Discipline  
FAC 33-601.314 Pages 1-3 Inmate Discipline

**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 South Florida Reception Center that makes any reference to victimization and/or perpetration of sexual abuse is seen by medical/ mental health usually right after intake interview or the next day. South Florida is a reception center receiving inmates directly from the county jails. Inmates are there for approximately six weeks before transfer to permanent facility. Medical and Mental Health staff get informed consent before reporting prior sex victimization, which did not take place in an institutional setting. Mental health staff maintains FDC 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. 100% of those reporting victimization were referred and seen by medical staff within fourteen days.

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. Wexford Medical Services provides this service. Medical and mental health staff maintains nursing notes and logs documenting the timeliness of emergency medical treatment and crisis intervention services that were provided and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. There is no cost for forensic exams or treatment to the inmate.

FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response Pages 12-13 Section 6C-6F  
Health Services Bulletin 15.03.36  
Procedure 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. South Florida Reception Center through Wexford offers mental health services to all known inmate abusers, if appropriate. South Florida Reception Center offers mental health service to all known inmate victims as well. Treatment services are provided without financial cost. This practice was confirmed by interviews with Medical and Mental Health staff. There were 24 abusers from Jan-Oct 2015 referred to mental health for counseling.

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. This was confirmed in interviews with the Investigator, Warden and PREA Compliance Manager. The Assistant Warden of Programs/PREA Compliance Manager is to document the review in a report, including recommendations for improvements, if any to the Warden. 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, investigators, and medical or mental health practitioners. There were no completed post incident reviews completed as all cases were either open or unfounded.

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 Victimization (SSV) conducted by the Department of Justice. The PREA Coordinator has access to information in MINS and gets other information upon requests from the OIG. The information is aggregated for all to be placed in an Annual Report. The report was completed and provided to DOJ September 2015.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7 2014 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 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 2014 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

July 11, 2016

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Auditor Signature

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Date