

ADULT PRISONS & JAILS



<b>Auditor Information</b>			
<b>Auditor name:</b> Hubert L. "Buddy" Kent			
<b>Address:</b> P.O. Box 515			
<b>Email:</b> auditorbuddykent@yahoo.com			
<b>Telephone number:</b> 850-509-1662			
<b>Date of facility visit:</b> March 17-19, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Dade Correctional Institution			
<b>Facility physical address:</b> 19000 Southwest 377th Street, Florida City, FL 33034			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 305-242-1900			
<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> Marvin Clemmons			
<b>Number of staff assigned to the facility in the last 12 months:</b> 482			
<b>Designed facility capacity:</b> 1070			
<b>Current population of facility:</b> 1571			
<b>Facility security levels/inmate custody levels:</b> Close custody to Community custody			
<b>Age range of the population:</b> 20-82 years of age			
<b>Name of PREA Compliance Manager:</b> Jabaria Williams		<b>Title:</b>	Assistant Warden
<b>Email address:</b> Williams.Jabaria@mail.dc.state.fl.us		<b>Telephone number:</b>	(786) 349-2334
<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 32999-2500			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 850-488-2051			
<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

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

Marvin Walker, Warden  
Jabaria Williams, Assistant Warden-Programs, PREA Manager  
Frank Lugo, Assistant Warden-Operations  
Victor Barber, Colonel  
Shedricka Bethel, Correctional Officer

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 March 17, 2015 from 9:30 am to 12:00 pm. There are a total of fifteen buildings on the main unit grounds. There are a total of three buildings at the Road Prison. The design capacity for the main unit is 1070. The design capacity for the Road Prison is 64. The population at the time of the audit for the main unit was 1571. The population at the Road Prison at the time of the audit was 60. The average daily population for the main unit for the previous twelve months was 1521. The age range of the inmates assigned to the main unit is 20 to 82 years of age. The age range of inmates assigned to the Road Prison is 20 to 69 years of age. There have been 1471 inmates assigned to Dade Correctional Institution during the previous twelve months for 72 hours or more. There are 204 inmates that were assigned to the main unit prior to August 20, 2012. The average length of stay is 1.35 years for the main unit. The custody level of the inmate population is close to community. There are 482 staff assigned to Dade Correctional. There were 125 staff hired during the past twelve months. The areas toured were a total of five multi occupancy cell housing units, five 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/Confinement unit has 88 cells utilized for disciplinary and administrative segregation. Segregation cells are double cell. The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending transfer.

Upon arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. 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, a segregated inmate, two inmates who reported sexual abuse or harassment, two inmates listed as non-heterosexual, and one hearing impaired inmate were randomly selected. The Language Line was utilized to interpret for the limited English proficiency inmate. There are no youthful inmates assigned to the facilities. There were fourteen self reported gay/bisexual inmates and no trans-gender or inter-sex inmates assigned to Dade CI. There were no self reported gay/bisexual inmates assigned to the Road Prison. A total of 23 inmate interviews were conducted. Twelve random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included twelve 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.

PREA Compliance Coordinator, Human Resources staff and a SART Nurse were formally interviewed at the Department's Central Office for the first audit. In addition to the randomly selected inmates we also interviewed approximately 22 staff and 28 inmates as we toured the two compounds during the three days of the audit. There are 70 volunteers currently approved for entry into the facility.

Medical Services are provided per contract with Wexford.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Dade Correctional Institution, located at 19000 SW 377 Street, Florida City, Florida, is a state operated close security institution with multiple custody levels assigned. The prison has lawful capacity of 1629 adult males and houses close, medium, minimum, and community custody inmates with assessed medical grades of one through four and psychological grades of one through five. The facility inmates are confined within a perimeter which includes two twelve-foot fences topped with double-row razor ribbons secured at the bottom to a concrete skirt with additional razor ribbon. The inner perimeter fence is equipped with a shaker/micro phonic motion detection system. Between the fences the institution has a microwave motion detection system. Perimeter security is enhanced by two armed, mobile patrols outside the fences. The fence system includes adequate lines of sight and lighting to insure perimeter security both day and night.

Dade Correctional Institution is designed and constructed to house hearing impaired and mobility impaired offenders and operates a Transitional Care Unit with a Crisis Stabilization Unit for inmates with mental illness. Higher security confinement units (designated F,G, and H) at Dade are "T" footprint cell block units originally constructed for single occupancy and now used as double-bunked housing unless specifically designated for mobility impaired offenders. Each cell house has a maximum capacity of 258 inmates. Two legs of F dorm are secure, restricted housing for both administrative and disciplinary admissions. These units are separated from five open bay housing units (A-E) by a control fence with electric, remote operated, slam locks controlled from the booth discussed below. The five open bay dormitories have two wings with a capacity of 72 offenders each or a building total of 144. Other smaller buildings in these portions of the compound house the Barbershop, Canteen, and Central Caustics distribution. Control fencing with an isolated, staffed, gate control booth separates all housing from the compound's service buildings. These include the Entry Building which contains a Mini-Arsenal, Control Room, Offices, and Visiting Park; the Library, Classroom and Chapel Building; the Health Services and Classification Building; and Dietary, Dining Hall operations. The Health and Classification building includes a twelve bed infirmary, two medical isolation cells and four self harm observation status (SHOS Mental Health Crisis) cells. The Transitional Care and Crisis Stabilization (TCU) building serves the needs of inmates with mental illness and is located behind the service buildings. The TCU is a butterfly footprint building with five wings isolated from the main compound by security doors operated from an enclosed, secure, control room. The building capacity is 200 with 120 single cells and 20 four man cells. A control fence isolates the east end of the compound to enclose the facility's exercise and recreation area and yard pavilion from the balance of the institution. When the yard is in use this area is covered by an armed tower post. Outside the secure perimeter Dade Correctional Institution has a Warehouse, Maintenance Tool Room, and Motor Pool which provide services to both Dade and the neighboring Homestead Correctional Facility. Dade and Homestead Correctional Facility share an Administration Building with office spaces and the main Arsenal and Lock Shop cooperatively administered by both facilities.

Dade Correctional Facility describes its mission in part as "... dedicated to the safety and security of our communities and department personnel by providing proper care and supervision of offenders while promoting positive interaction and assisting, when appropriate, with their re-entry into society." This mission is expressed in a variety of programs and work assignments for the inmate population ranging from basic education through GED completion, self-help groups, institution work assignments, and community work squads. Seven of Dade's Community Work Squads work for the Department of Transportation, in addition there are contracts and local agreements with the City of Homestead and Florida City. Additional work squads assist the Department of Agriculture, the Division of Forestry, and a number of non-profit agencies.

Dade Correctional also operates the Big Pine Key Road Prison located at 450 Key Deer Boulevard, Big Pine Key, Monroe County, Florida, about a two and half hour drive south of the main compound. Big Pine Key is a level two facility (no perimeter fence) with capacity for 64 offenders. One building at Big Pine houses all of the security, administrative, hair care, chapel, food service and inmate housing functions. Inmates are placed in one of two dormitories; a 54 bed general housing unit and a ten man honor dorm. The compound includes a small maintenance building, a small central laundry building, emergency generator building, and a caustics distribution building on 10.52 acres. The central mission of Big Pine Key Road Prison is to provide low risk offenders with meaningful work which benefits the state. Their inmates work on Department of Transportation projects under the supervision of Transfield Services of America. In addition individual inmates are assigned to assist in vehicle maintenance for the County Sheriff and for the Florida Highway Patrol.

## SUMMARY OF AUDIT FINDINGS

115.13  
115.15 Corrected  
115.53

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 2

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 602.053. This was confirmed in staff and inmate interviews. All were aware of the Zero tolerance policy. Staff were aware of prohibited behaviors regarding sexual assault and sexual harassment. Inmates received training upon arrival to the facility. Staff has been trained and is trained annually during in service training. The department has an agency wide coordinator with 99 percent plus of her work time being spent on PREA. She coordinates with the other 49 institutional PREA managers. The PREA Coordinator was very knowledgeable about the PREA requirements and was considered very effective in meeting the requirements of PREA. Institutional PREA Manager is the Assistant Warden for Programs.

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.**

Dade CI is a state operated facility. Facility does not have oversight of contract facilities. The standard is non-applicable.

### 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 90 in temporary employment assignment (TEA) class. TEA's are not to 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.

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

### 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.**

Dade CI is an adult male facility that does not receive inmates under the age of 18 years. The standard is not applicable.

### 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.**

T Buildings showers units allow cross gender viewing of inmates while showering. The showers were corrected on July 9, 2015. This area is compliant.

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. 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.

During a revisit to the compound the auditor observed the staff taking a short cut by strip searching intake inmates in the common area of the visiting park. Staff were aware they were to utilize the bathroom and search room for the searches.

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 auditor interviewed an inmate who was legally deaf about his ability to participate and benefit in all aspects of PREA. He indicated he felt he was afforded the same opportunities that every other inmate received. He indicated that staff did provide him with information on PREA reporting. The auditor interviewed a limited English proficient inmate utilizing the Language Line. He indicated that staff have 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.

115.16 (a) -1 602.053 Sections 2e2 & 2e3 Page 8

## 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/NCIS) are conducted on all new hires. The department is connected as a level II employer and any arrest is provided to the department upon entry into the system. 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.**

Dade Correctional has installed new video monitoring system since August 20, 2012. The camera project was completed in November 2014. They have installed a Pelco Video system. Dade has installed Surveillance Security Cameras in strategic locations in all inmate housing locations. The Transitional Care Unit is also equipped with Security Cameras. Policy requires when expanding or upgrading facilities requires that new technologies be taken into consideration during the design phase to safeguard staff and inmates. The upgrades are approved at the regional and central office level.

A-Dorm 6 cameras

B-Dorm 6 cameras

C-Dorm 6 cameras

D-Dorm 6 cameras

E-Dorm 6 cameras

F-Dorm cell unit 6 cameras 2 per wing

G-Dorm cell unit 6 cameras 2 per wing

H-Dorm cell unit 6 cameras 2 per wing

Transitional Care Unit has 16 cameras in Crisis Stabilization and Transitional Care Units

Procedure 604 002 Maintenance Page 6 Section 2

### 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.**

Department of Corrections has current agreement with Miami Jackson Rape Center to conduct 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 Wexford staff. Wexford staff provide follow up counseling. Currently their is not a outside agreement to provide crisis counseling and victim advocacy services.

The Inspector General's Office is responsible for all investigations of sexual abuse or sexual harassment. Inspectors were trained by the Moss Group to conduct sexual assault investigations. Miami Dade conduct the sexual assault investigations determined to be criminal investigations.

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 OIG 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. During the past twelve months, the number of allegations of sexual abuse and/or sexual harassment that were received were 64. During the past twelve months, the number of allegations, resulting in administrative investigation were ten. There were 20 allegation against staff; six were unfounded and fourteen cases are open and on going.. During the past twelve months, the number of allegations referred for criminal investigation were zero.

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.**

All staff are trained on the Agency 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. All staff are provided a small laminated card 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 Dade Correctional Institution are trained. In the past twelve months, 482 of 482 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive.

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)

**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 486 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)

**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.**

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 496 inmates were given this information at intake. Departmental policy also requires that inmates that were transferred to Dade Correctional Institution are educated regarding their rights to be free from sexual abuse, harassment and retaliation. Documentation is made of the inmate's participation in these educational sessions.

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.**

A review of the Inspector's training record along with his interview indicated they 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.

**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 Dade Correctional Institution are trained. 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 82 and 100% respectively.

**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 embarked on an aggressive initiative to reduce in-cell violence between inmates. The focal point of this initiative is to ensure inmates considered predators or potential predators are housed appropriately. Inmates that can be considered a danger to others should not be housed in cells with inmates who can be considered potential victims. To that end, a major system identifies these types of inmates as well as inmates that may be sexual aggressors or victims. The 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 are 72 inmates identified as aggressors and 29 identified as potential victim.

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 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 transgendered and/or intersex inmates is done only after a Medical Review Committee has reviewed the case. Transgender/Intersex inmates receive a face-to-face review within fourteen days of arrival 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.

### 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 F housing unit wing two. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) 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 in protective status for over 30 days during the past year.

FAC 33-602.220

### 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.**

A review of documentation indicated that there are multiple ways (including privately and anonymously) for inmates to report sexual abuse or harassment. 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 will immediately document any allegation. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard.

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 have been no grievances involving PREA related issues filed during the previous year.

FDC Procedure 602.053  
FAC 33-103.006 Filing a Formal Grievance



### **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 initiated a Request for Purchase (RFP) to solicit the public for outside confidential victim support services. The Department will follow the proper protocols for soliciting bids for service and will award a contract to the best vendor. The vendor will then provide a hot-line, 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.

### **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.**

Dade CI has third party reporting of sexual abuse or sexual harassment through the DCWEB email reporting system to the OIG reporting mailbox and also on the DC website. Inmate and staff acknowledged both during interviews. Third party reporting is available via the DC WEB and third party grievances. The TIPS line is the reporting line with the telephone system. 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). Citizens may complete report by accessing the OIG website <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 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. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported.

Staff interviewed were aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect relevant to PREA. Compliance with all aspects of the standard was verified through a review of the policy and staff / inmate interviews.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

### 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, investigator and preserving any evidence. An Officer produced a card during the interview, issued by the department, outlining all actions to be taken by a correctional officer who became aware of sexual abuse or harassment.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

### 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, Deputy Warden and PREA Compliance manager demonstrated they knew the procedures to follow. There were two alleged incidents at other institutions reported during the intake process to staff.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

### 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 is trained as first responders. The interviews conducted on all shifts with custody and non-custody 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 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.

FDC 108.015 Section 7b, 7e, 7g-l Page 5, 7r & 7u Page 6  
FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 9-10

### 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.**

Dade has a written 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 January 14, 2014 covers the discipline of staff on Page 13 article 7. Contracts were reviewed the PREA language was included in the contract. All new and renewed contracts are identified as PREA covered contracts when appropriate. These contracts will include the following language to ensure compliance with 28 C.F.R. Part 115, "The contract/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Par 115. The contractor/vendor(s) will also comply with all of the Florida Department of Corrections' (FDC) policies and procedures that relate to PREA."

Procedure 205.002 page 15

### 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 (7)

### 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 12 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 Senior Inspector conducts all investigations immediately on being notified of the allegation. Their training records and interview demonstrated the special training they received from the Moss Group and the department trainers. According to her 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. Once the Investigator believes a crime has been committed the case is referred to the Office of the Inspector General and Miami Dade Police Department. Miami Dade is the lead agency in sexual abuse investigations at Dade CI.

FDC 108.015 Investigative Process

### **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 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 Dade CI. 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. The inmate signed the receipt in the file confirming they were given notification. 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  
FDC 108.015

### 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 two allegations of sexual abuse made against staff. One was unfounded and the second was unsubstantiated.

Florida Statute 944.35  
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 but 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 Dade CI.

FDC 602.053 Prison Rape: Prevention, Detection, and Response  
FDC 205.002 Contract Administration and Management

### 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.**

Disciplinary policy stipulates that inmate-on-inmate sexual activity (not forced) will result in an 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.

FAC 33-601.314 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 Dade CI 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 written consent before reporting prior sex victimization, which took place not in an institutional setting.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

**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. 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 no inmates sent to the hospital for examination at the time of the audit. Files are marked for testing for infection related issues.

Health Services Bulletin 15.03.36  
FDC 602.053 Prison Rape: Prevention, Detection, and Response

### **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. Dade Correctional through Wexford offers mental health services to all known inmate abusers, if appropriate. The facility also offers mental health service to all know inmate victims as well. This practice was confirmed by interviews with Medical and Mental Health staff.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

### **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 and during case file reviews. The Assistant Warden Programs PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any to the Warden.

FDC 602.053 Prison Rape: Prevention, Detection, and Response



### 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 agency provided documents demonstrating data was being collected, aggregated and maintained. Data is collected from a number of sources, but main source is MINS system. This collects data on inmate on inmate sexual assault and harassment cases. Office of Inspector General (OIG) has a separate system on staff on inmate sexual cases. The PREA Coordinator has access to info in MINS and gets other information upon requests from OIG. The information is aggregated for all to be placed in Annual Report. The report was completed and provided to DOJ July 2014.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

### 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 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 for inmate-on-inmate cases is forwarded to the PREA Coordinator annually. 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

**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.**

Up to date survey information is submitted by Inspector General’s Office 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.

**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

October 9, 2015

---

Auditor Signature

---

Date