

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 29, 2017

Auditor Information			
Auditor name: Ian Rachal			
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Email: irachal@lahcari.com			
Telephone number: .			
Date of facility visit: July 12, 2017 – July 14, 2017			
Facility Information			
Facility name: Pre-Trial Detention Center			
Facility physical address: 1321 NW 13 th Street, Miami, Florida 33125			
Facility mailing address: <i>(if different from above)</i> 2525 NW 62 nd Street, Miami, Florida 33147			
Facility telephone number: 786-263-4110			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Tara Hinnant-Johnson			
Number of staff assigned to the facility in the last 12 months: 459			
Designed facility capacity: 1687			
Current population of facility: 929			
Facility security levels/inmate custody levels: Minimum, Medium, & Maximum			
Age range of the population: 18 – 55+			
Name of PREA Compliance Manager: William Dyous		Title: Lieutenant	
Email address: William.Dyous@miamidade.gov		Telephone number: 786-263-4133	
Agency Information			
Name of agency: Miami-Dade Corrections and Rehabilitation Department			
Governing authority or parent agency: <i>(if applicable)</i> .			
Physical address: 2525 NW 62 nd Street, Miami, Florida 33147			
Mailing address: <i>(if different from above)</i> .			
Telephone number: 786-263-6000			
Agency Chief Executive Officer			
Name: Daniel Junior		Title: Interim Director	
Email address: Daniel.Junior@miamidade.gov		Telephone number: 786-263-6019	
Agency-Wide PREA Coordinator			
Name: Melissa Rodriguez		Title: Captain	
Email address: Melissa.Rodriguez@miamidade.gov		Telephone number: 786-263-6319	

AUDIT FINDINGS

NARRATIVE

The audit of the Pre-Trial Detention Center was conducted on July 12th – July 14th, 2017 by Ian Rachal, Department of Justice Certified PREA auditor. Prior to the commencement of the audit, an introductory meeting was held with agency leadership to answer questions and provide expectations for the on-site audit process.

The Pre-Trial Detention Center jail facility is a high-rise model jail facility. The first floor consists primarily of support service and administrative areas. There was sufficient security coverage and mechanisms in place to ensure the safety of staff and inmates working in these areas. Blind-spot monitoring is accomplished through the use of increased security coverage and monitoring hardware such as mirrors and camera systems. The second through eighth floors of the facility serve as inmate housing areas. All housing areas were inspected (a total of seven housing floors each containing approximately seven to eight housing units containing multiple attached large dormitories). In each dorm unit, video monitoring was used extensively to aid in the assigned personnel's field of vision and to mitigate any blind spots.

The general population housing dorms are semi-open designs featuring bunk beds inside of lockable cell block areas, adjacent to small dayroom areas. Inmate shower and toilet areas are covered by concrete partition walls and/or vinyl curtains to afford inmates the ability to shower or perform bodily functions without opposite gender staff viewing them. Segregation housing featured individual cells with toilets inside the cell.

There were 5 investigated allegations of sexual abuse at the facility in the calendar year preceding this audit. Of these allegations, 1 necessitated a sexual abuse incident review following an administrative or criminal investigation. Based on my observation of investigative efforts and current records, I feel that MDCR is exceeding in its compliance with all investigative requirements of PREA. The MDCR assigned investigators, personnel, and department leadership showed themselves to be very competent and knowledgeable of their job duties and requirements in relation to the Prison Rape Elimination Act.

The Pre-Trial Detention Center does not house youthful offenders in the same housing areas as adult offenders.

During the on-site audit of the facility, additional information was requested in relation to the Intake and Classification process to ensure that incoming offenders were thoroughly screened for potentialities of victimization or predatory behavior. Agency personnel delivered documentation promptly and it was evident that they have taken steps to mitigate any potential issues of sexual victimization by way of a two-step approach in concert with Jackson Health System employees.

Over 30 line-level personnel were interviewed during the course of the audit. I found them to be well informed about their duties and responsibilities in relation to the requirements of PREA. All staff members have been trained in accordance with PREA requirements. MDCR personnel have developed an in-depth training curriculum which I found to be well developed. I would strongly suggest that agency personnel be provided with educational updates between scheduled training times.

I asked for an alphabetized listing of all inmates housed at the Pre-Trial Detention Center & Turner-Guilford Knight intake jail facilities and I randomly selected several inmates from each floor and various housing units (over 80 total). There were no hearing/vision impaired inmates presented during my visit. I interviewed several Spanish speaking inmates and one Bengali speaking inmate. A telephone-based interpreter was provided to conduct interviews when necessary.

Several specialized interviews were conducted to include:

- PREA Coordinator
- PREA Compliance Manager
- MDCR Investigator
- Human Resource personnel
- Facility supervisors
- Medical personnel
- Classification personnel
- Agency administrators
- Agency Director

I found that personnel serving in these roles to be highly skilled and knowledgeable concerning their requirements in relation to the Prison Rape Elimination Act. The Classification department has created additional measures to proactively identify signs of predation and victimization present in the offender population. The Medical administration was very competent and knowledgeable about processes and requirements. Overall I feel that the Medical responsiveness is quite sufficient to address any medical needs of the offender population in relation to allegations or incidents of abuse.

Overall, the MDCR implementation of PREA requirements into its daily operations has progressed to a level of comfortability at this point. It was evident that the staff cared deeply about the audit process itself and desired to ensure that the agency was meeting all requirements.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Miami-Dade County Corrections and Rehabilitation Department is comprised of five correctional facilities. These facilities hold on average 5,642 inmates, who are awaiting trial or are serving sentences of 364 days or less.

The department also has a Boot Camp Program for youthful offenders, a Work Release Center and a medical unit at Jackson Memorial Hospital.

The Pre-Trial Detention Center is a short-term housing facility, which processes and houses all classifications of inmates. These range from traffic offenders to capital offenders. The facility is connected to the courthouse for secure delivery of inmates to legal proceedings. The facility has a rated bed capacity of 1, 687.

SUMMARY OF AUDIT FINDINGS

At the current time I find the Pre-Trial Detention Center fully-compliant with all provisions and requirements of the Prison Rape Elimination Act.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 0

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.

Based on review of policy IP-001, 15-008, Organizational Structure, internal memoranda, and on interview with PREA Compliance Manager.

The Miami-Dade Corrections and Rehabilitation Department (MDCR) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines MDCR's approach to preventing, detecting, and responding to such conduct.

The MDCR employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

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)

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The MDCR does not currently contract with other agencies for the confinement of its inmates.

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)

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Based on review of MDCR Staffing Analysis, interview with PREA Coordinator, and PREA Compliance Manager, internal logs and memoranda, policy 6-030 and IP-001, and Classification Housing Criteria.

MDCR has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring, to protect inmates against sexual abuse. This staffing analysis (originally conducted through services provided by MGT of America, Inc) is reviewed and updated regularly to ensure operational needs are met.

In circumstances where the staffing plan was not complied with, MDCR documented and justified all deviations from the plan. Reviewed logs showing deviations from the plan.

MDCR completes an annual review, in consultation with the PREA coordinator required by § 115.11, to assess, determine, and document whether adjustments are needed.

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)

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The MDCR does not house youthful offenders at the Pre-Trial Detention Center. As it relates to 115.14, all youthful offenders within the MDCR are housed at the Turner Guilford Knight Correctional Center (TGK).

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.

Based on policy 11-022, training logs and lesson plans, visual tour of PTDC jail facility and interviews with facility personnel and inmates.

MDCR does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

MDCR does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it is determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

MDCR trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

MDCR has procedures in place that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Screens and curtains were viewed throughout the facility.

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.

Based on contract no. FB-00049, inmate handbook, “I Speak” Language Identification Guide, policy IP-001 & 17-005, telephone-based interpreter assisted interview with Spanish and Bengali speaking inmates, and review of provided materials.

MDCR takes appropriate steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of MDCR’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

MDCR does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety.

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.

Based on policy 6-020, 6-049, 23-001, PMB 13-76, PMB 13-77, review of pre-hiring questionnaire, and background investigations Reviewed personnel files to include contractors, employment applications, and background screenings for contractors.

MDCR does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in any criminal justice facility, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above.

MDCR considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

MDCR performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates and performs a records check at least every five years of current employees and contractors who may have contact with inmates.

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)

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Based on camera schematics. Based on interview of PREA Compliance Manager, PREA Investigator and PREA Coordinator. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, MDCR considers how such technology may enhance MDCR’s ability to protect inmates from sexual abuse. There are currently planned additions coordinated with the involvement of agency PREA Coordinator and PREA Compliance Manager.

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.

Based on policy 15-008, IP-001, SART Protocols, Jackson Health System Emergency Care Services policy, interview with Medical personnel and PREA Compliance Manager, and Memorandum of Understanding with Miami-Dade Police Department.

To the extent MDCR is responsible for investigating allegations of sexual abuse; MDCR follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

MDCR offers all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

MDCR makes available to the victim a victim advocate from Jackson Health System who accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

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.

Based on policy 10-003, 15-008. Based on interview with PREA Compliance Manager and investigative staff.

MDCR ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. MDCR ensures that allegations of employee wrongdoing are referred for investigation.

MDCR has a policy that ensures allegations of sexual abuse or sexual harassment are referred for investigation and publishes such policy on its website. MDCR documents all such referrals.

The MDCR investigative unit far exceeded the requirements of this standard. It was noted that there was practice and procedure in place to thoroughly investigate every allegation.

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.

Based on policy 15-008, IP-001, training materials, and class rosters, and interviews with random staff.

MDCR trains all employees who have contact with inmates on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

MDCR documents through employee signature that employees understand the training they have received.

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.

Based on policy 15-008, IP-001, Orientation Checklist and Video, and interview with volunteer and contractors.

MDCR ensures all volunteers and contractors who have contact with inmates have been trained on their responsibilities under MDCR 's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

All volunteers and contractors who have contact with inmates are notified of MDCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

MDCR has documentation confirming that volunteers and contractors understand the training they have received. Reviewed training records on volunteers and contractors.

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.

Based on policy 15-008, IP-001, Inmate Orientation/Training Video Acknowledgment form, review of installed television screens, video players for Booking and Classification areas, intake educational materials and interviews with random inmates and intake staff.

During the intake process, inmates receive information explaining MDCR's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment via video.

MDCR provides a comprehensive education to inmates through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This comprehensive education is reinforced during the Classification process where inmates acknowledge receipt of the education.

MDCR provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. There is documentation of inmate participation in these education sessions.

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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Based on policy 15-008, 4-015, Florida Sheriff's Association (FSA) curriculum on "Investigating Sexual Abuse in a Confinement Setting", investigator training records, and interview with investigative staff.

In addition to the general training provided to all employees MDCR ensures that the in house investigators have received training in conducting investigations in confinement settings.

Specialized training includes 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. MDCR maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

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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Based on policy 15-008, IP-001, 14-008, training requirements, training materials, rosters, and staff interviews with medical personnel.

MDCR ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to: detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

MDCR maintains documentation that medical and mental health practitioners have received the training. Medical and mental health care practitioners also receive the training mandated for employees, contractors and volunteers.

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)

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Based on policy 15-008, IP-001, Intake and Release Bureau screening assessments, forms, management system screens, Classification flow-chart, interview with random inmates and Classification staff responsible for screening.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at MDCR. MDCR uses an objective screening instrument.

The intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- (1) Whether the inmate has a mental, physical, or developmental disability;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate’s criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;

- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to MDCR, in assessing inmates for risk of being sexually abusive.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Inmates are asked if they wish to divulge their sexual orientation in addition to the reviewing personnel's perception. Within 30 days from the inmate's arrival at MDCR, MDRC reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by MDCR since the intake screening.

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

MDCR has implemented appropriate controls on the dissemination within MDCR of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. All files are controlled by Classification personnel behind locked doors and maintained in each inmates Classification files.

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)

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Based on policy IP-001, 18-017, Booking records, and on interview with PREA Compliance Manager and Classification personnel responsible for risk screening.

MDCR uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

MDCR makes individualized determinations about how to ensure the safety of each inmate.

In deciding housing and programming for a transgender or intersex inmate MDCR considers on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate.

A transgender or intersex inmate's own views with respect to his or her own safety are be given serious consideration.

MDCR does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

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)

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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.

Based on policy IP-001, internal memoranda, interview with PREA Compliance Manager, and staff who supervise segregated inmates. No inmates have been placed in involuntary segregation at the PTDC.

Inmates at high risk for sexual victimization are not 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 alternative means of separation from likely abusers.

Inmates placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If MDCR restricts access to programs, privileges, education, or work opportunities, MDCR documents the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations.

MDCR assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment are not ordinarily exceed a period of 30 days. If involuntary segregated housing assignment is made MDCR clearly documents the basis for their concern for the inmate’s safety; and the reason why no alternative means of separation can be arranged. Every 30 days a review is performed to determine whether there is a continuing need for separation from the general population.

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)

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Based on policy 19-007, 15-008, IP-001, 18-010 forms, inmate handbook and video, interviews with random staff and inmates, and Preliminary Complaint Reports.

Staff and inmates can report abuse or harassment via hotline.

MDCR provides multiple internal ways for inmates to privately report sexual abuse and 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. Inmate brochures have how to report sexual abuse and has the hotline number (*9022#) printed on them as a constant reminder.

MDCR provides at least one way for inmates to report abuse or harassment to a private entity that is not part of MDCR, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.

MDCR provides a hotline ((305) 585-RAPE) for the public to privately report sexual abuse and sexual harassment of inmates.

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.

Based on policy 15-001, a review of PREA-related grievances, and interviews with inmates.

The MDCR does not not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, nor require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Inmates who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The MDCR shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

MDCR policy furthermore complies with all remaining aspects of PREA standard 115.52.

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.

Based on policy IP-001, Inmate Handbook, agreements with The Rape Treatment Center, and interview with random inmates and advocate staff.

MDCR provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers. MDCR enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

MDCR informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

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.

Based on agency web-based information. MDCR has a method to receive third-party reports of sexual abuse/harassment and distributes publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate.

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.

Based on review of policy IP-001, 15-008, and on interviews with random staff, PREA Compliance Manager, and medical/mental health personnel.

MDCR requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of MDCR; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

If the alleged victim is under the age of 18, MDCR reports the allegation to the designated State agency under applicable mandatory reporting laws.

MDCR reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to MDCR's designated PREA investigators. Verification conducted through victim interviews and review of reported allegations.

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.

Based on review of policy 15-008, IP-001, the Queue Management System, interviews with alleged victims, random staff, and PREA Coordinator.

Immediate action is taken to protect inmates when MDCR learns that an inmate is subject to a substantial risk of imminent sexual abuse.

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.

Based on interview with PREA investigator, review of investigative files, and policy IP-001.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of MDCR or designee notifies the head of the facility in question or appropriate office of the facility where the alleged abuse occurred. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. The PTDC did not have any incidents requiring notification to other facilities.

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.

Based on policy 15-008, IP-001, 10-003, and interviews with security staff who are first responders and medical personnel.

Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond separates the alleged victim and abuser; preserves and protects any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If the first staff responder is not a security staff member, the responder request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. All personnel were well versed in these requirements.

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.

Based on interview with PREA Coordinator, Director of Patient Care, and PREA Investigators, policy IP-001, and 15-008, and SART Protocols.

MDCR has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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.

Based on policy IP-001, Collective Bargaining Agreement, and interview with facility leadership.

MDCR has not entered into or renewed any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

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.

Based on policy 15-008, IP-001, Protection Against Retaliation form, internal memoranda, and interview with PREA Compliance Manager (designated staff member with monitoring retaliation), and inmates at risk of sexual victimization.

MDCR has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and designates the PREA Compliance Manager with monitoring retaliation.

MDCR has multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, MDCR monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and are act promptly to remedy any such retaliation. There are periodic status checks performed. MDCR continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

If any other individual who cooperates with an investigation expresses a fear of retaliation, MDCR takes appropriate measures to protect that individual against retaliation

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.

Based on interview with Classification personnel, PREA Compliance Manager, inmates at risk of sexual victimization, and facility leadership.

Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse receive all the same rights and privileges as general population inmates. The PTDC did not have any incidents of inmates requiring segregation to protect them from sexual abuse.

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.

Based on policy IP-001, interview with PREA investigative personnel, and investigative reports.

MDCR conducts investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Where sexual abuse is alleged, MDCR uses investigators who have received special training in sexual abuse investigations.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support criminal prosecution, MDCR conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person’s status as inmate or staff. No agency requires an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented 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 are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

MDCR retains all written reports for as long as the alleged abuser is incarcerated or employed by MDCR, plus five years.

The departure of the alleged abuser or victim from the employment or control of MDCR does not provide a basis for terminating an investigation.

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.

Based on policy IP-001, and interview with investigative staff.

MDCR imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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.

Based on policy IP-001, notifications of investigation status, investigation reports, and interview with investigative staff.

Following an investigation into an inmate’s allegation that they suffered sexual abuse in an agency facility, MDCR informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If MDCR did not conduct the investigation, it requests the relevant information from the investigative agency in order to inform the inmate.

Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, MDCR subsequently informs the inmate (unless MDCR has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate’s unit; the staff member is no longer employed at MDCR; or MDCR learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or MDCR learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate’s allegation that they had been sexually abused by another inmate, MDCR subsequently informs the alleged victim whenever MDCR learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility ; or MDCR learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications are documented.

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.

Based on policy 15-008, IP-001, and internal memoranda.

Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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

MDCR did not terminate no did any employee receive discipline and/or resigned for violation of MDCR sexual abuse/harassment policies.

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.

Based on policy IP-001, internal memoranda, and interview with investigators.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

MDCR takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

MDCR and the PTDC did not have any incidents of sexual abuse or harassment by a contractor or volunteer.

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.

Based on policy IP-001, and interviews with PREA investigative staff.

Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

MDCR offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse.

MDCR disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred are not constituted as falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

MDCR prohibits all sexual activity between inmates and may discipline inmates for such activity.

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.

Based on interview with staff responsible for risk screening and medical/mental health staff.

If the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Every inmate is seen within 14 days, if an inmate answers yes to any of the PREA related questions a further mental health evaluation is scheduled.

If the screening indicates that an inmate has previously perpetrated sexual abuse/prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

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.

Based on emergency treatment log, Jackson Health System documents, SART Protocols, and interviews with medical and mental health staff.

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and are immediately notify the appropriate medical and mental health practitioners.

Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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.

Based on policy 15-008, IP-001, and interview with medical/mental health staff and PREA related incidents.

MDCR offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the jail.

The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

MDCR provides such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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.

Based on policy 15-008, IP-001, reviews of PREA investigative reports, and interviews with facility leadership, and investigators.

The PTDC conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at PTDC; and they examine the area in PTDC where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

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.

Based on policy 4-018, 15-008, IP-001, and submitted Survey of Sexual Violence.

MDCR collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually.

The incident-based data collected is based, at a minimum, on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

MDCR maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

MDCR obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

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.

Based on review of Annual PREA Report, agency website, and interview with PREA Coordinator and agency personnel.

MDCR reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as MDCR as a whole.

Such reports includes a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of MDCR’s progress in addressing sexual abuse.

MDCR's report is approved by MDCR Director and made readily available to the public through its website <http://www.miamidade.gov/corrections/>.

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.

Based on policy 24-002, 15-008, IP-001, 5-007, agency website, and staff interview

MDCR makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website <http://www.miamidade.gov/corrections/>

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

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.

Ian Rachal, CJM

09/01/2017

Auditor Signature
PREA Audit Report

Date

PREA AUDIT REPORT X Final
ADULT PRISONS & JAILS
Date of report: February 19, 2018

Auditor Information			
Auditor name: William Peck			
Address: P.O. Box 10449 Fairbanks, AK 99710			
Email: william199@comcast.com			
Telephone number: 901-378-3998			
Date of facility visit: 9-14 July 2017			
Facility Information			
Facility Name: Turner Guilford Knight (TGK) and Miami-Dade Boot Camp Program			
Facility physical address: 7000 NW 41st Street, Miami, Florida 33166			
Facility mailing address: (if different from above) Same			
Facility telephone number 786-263-5550			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> County
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Captain Jenny Bailey, Facility Supervisor TGK; and Captain Rose Green, Facility Supervisor BCP			
Number of staff assigned in the last 12 months: 37 + 4 Contracts at TGK; 0 at BCP			
Facility Designed Capacity: 1000 TGK; 208 BCP			
Current population (at on-site audit) of: 929 TGK; 91 BCP			
Facility security levels/offender custody levels: Minimum/Medium/Maximum at TGK; Min/Med at BCP			
Age range of the population: Adult:18-55; Youthful: 14-17; and 17-24 at BCP			
Name of PREA Compliance Managers: LT Jose Mendez, TGK; and SGT Natasha Reese, Boot Camp		Title: Compliance Manager	
Email address: Jose.Mendez@miamidade.gov; Natasha.Reese@miamidade.gov		Telephone number: (786) 263-5328; (786) 263-5808	
Agency Information			
Name of agency: Miami-Dade Corrections and Rehabilitation Department			
Governing authority or parent agency: Miami-Dade County FL			
Physical address: 2525 NW 62nd Street, Miami, Florida 33147			
Telephone number: (786) 263-6000			
Agency Chief Executive Officer			
Name: Daniel Junior		Title: Acting Director	
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Agency-Wide PREA Coordinator			
Name: Captain Melissa Rodriguez		Title: PREA Coordinator	
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AUDIT FINDINGS

ACRONYMS:

MDCR	Miami-Dade Corrections and Rehabilitation Department
MDPD	Miami-Dade Police Department
BCP	Boot Camp Program
CHS	Corrections Health Services, part of Jackson Health System, a Miami-Dade County agency
DSOP	Departmental Standard Operating Policies
IP	Interagency Policy, primarily relating to medical issues
IMP	Inmate Medical Provider
SART	Sexual Abuse Response Team
SIAB	Security and Internal Affairs Bureau
SOP	Standard Operating Procedure
TGK	Turner Guilford Knight Correctional Center
TAAP	Trend Analysis and Action Planning

Miami-Dade Corrections and Rehabilitation Department Mission Statement:

“We, the Miami-Dade Corrections and Rehabilitation Department, serve our community by providing safe, secure and humane detention of individuals in our custody while preparing them for a successful return to the community”.

NARRATIVE

The Miami-Dade Corrections and Rehabilitation Department (MDCR) Turner-Guilford-Knight (TGK) Correctional Center and the MDCR Boot Camp (BCP) are compliant with the U.S. Department of Justice Prison Rape Elimination Act (PREA) standards.

The on-site PREA audit of the Turner-Guilford-Knight (TGK) facility and the Boot Camp program (BCP) was conducted July 9-12, 2017 by Department of Justice Certified Auditors William Peck and Ian Rachel. The auditors arrived 0815 and immediately began an institutional tour. At 9:40 a.m. on July 10, 2017 the tour paused for an entrance briefing and the following personnel were in attendance:

- PREA Coordinator Captain Melissa Rodriguez
- Chief, Transitional Housing Division
- Chief, Compliance, Inspections and Auditing Bureau
- Assistant Director, Material Management
- Assistant Director, Custody Services
- Chief, Stable Housing Division

- Captain, Intake and Release Bureau
- Chief, Program Services Division
- Commander, Re-Entry Program Services Bureau
- Captain Jenny Bailey, Facility Supervisor at T.G.K
- LT Jose Mendez, Security/Admin Lieutenant at T.G.K and PREA Compliance Manager
- Administrative Sergeant at T.G.K
- Acting Inmate Services Administrator

The entrance meeting ended at approximately 10:00am and the facility tour was resumed.

At the end of the on-site portion of the audit, July 14, 2017, a detailed individual out brief was conducted with Acting Director Daniel Junior, followed by a general out brief with the Facility Directors, Agency PREA Coordinator, Facility Compliance Managers, and a variety of facility leadership and staff to give them a general overview of the process and to thank them for their participation. The timeline, deliverables and expectations for the remainder of the audit were discussed. It was explained that areas found not to meet standards during the on-site visit would need to be corrected and the audit team would be working closely with the PREA team to accomplish compliance.

The facility staff was very accommodating and the auditors appreciate the hospitality and all that they did to make the audit team feel welcome.

The organization is led by Acting Director Daniel Junior through 3 Assistant Directors (Custody; Management; and Support). TGK falls under Custody Services and is under the leadership of Captain Jenny Bailey; and the Boot Camp Program, falling under Support Services, is headed by Captain Rose Green. Both Facility Supervisors are Captains; the rank of Major is not used in MDCR. There is a small shared population between TGK and BCP (e.g., some youthful Boot Camp inmates are assigned to Boot Camp but reside at TGK), so they work together in accomplishing some mission areas.

The SIAB (Security and Internal Affairs Bureau) and the Medical and Mental Health chains of command report to the Director.

Approximately 459 full-time staff may have contact with inmates at TGK and 43 at BCP.

Boot Camp

Rated Capacity: 208

Actual Population: 91

Security/Custody Level: Minimum, Medium

Turner Guilford Knight Facility (TGK)

Rated Capacity: 1000

Actual Population: 929

Security/Custody Level: All Custody levels, Administrative Segregation and Special Needs

The areas that needed improvement are discussed below, and the facility addressed those during the visit or following the on-site portion of the audit. One major response was received from the facility August 4, 2017 which responded to several issues and also reported on continuing efforts on remaining issues. Additionally, a summary briefing and update occurred January 7, 2018 at Orlando, FL between the Lead auditor, the MDCR PREA Coordinator and the TGK Compliance Manager.

Prior to the on-site audit visit, the PREA Coordinator provided to the auditors all policies and procedures for review. MDCR maintains an overarching policy regarding Sexual Abuse and Response; and both the Turner-Guilford-Knight (TGK) and Boot Camp also maintain additional facility-specific policy. The auditors and PREA Coordinator had on-going communication to help prepare for the on-site visit.

MDCR governing policy is found in Departmental SOPs (DSOP), and policies are spread throughout those DSOP files. The Department's Corrections Policy and procedures are aligned with PREA National Standards and are in many cases a verbatim version.

There were 2 separate PREA Audit teams on board the facilities at the same time and were performing PREA audits of 4 different MDCR facilities. The Lead Auditors agreed to provide each other pertinent notes and information from agency-level staff interviews to reduce somewhat the duplication impact on the staff interviews common to both audits.

TOUR:

On Monday, July 10, 2017, at approximately 0815, the Auditors arrived at the Turner Guilford Knight Correctional Center (TGK). Auditors William Peck and Ian Rachal were escorted on a tour by 2 Corporals and Tour notes were compiled by an Officer and another Corporal.

During the tour, we were accompanied in part by the Chief of the Transitional Housing Division; Captain Jenny Bailey, the Facility Supervisor; the Security Lieutenant; and the Associate Medical Director. We were also provided a complete tour of the Intake and Release Bureau process by the Captain responsible for that area.

The tour was conducted as follows:

- Intake area: Observed Pat Search. Observed PREA video running in Intake area.
- Central Control and cameras
- Clinic and Medical Housing
- Female Transitional/Housing/Inmate Workers Unit
- Adult male detoxification Unit
- Special Management Unit
- Female Behavioral Health Unit /Female Youthful Offenders
- Male Youthful Offenders
- Adult Males
- Surveillance Center (Monitors Every Behavioral Health Cell, and all have Cameras)

After lunch, Facility tours resumed and Auditor Peck reviewed the Boot Camp Program while Auditor Rachal remained at Turner Guilford Knight. Captain Rose Green provided a tour of the Boot Camp Facility along with Compliance Manager Sergeant Natasha Reese.

The tour provided an opportunity for the audit team members to conduct in-depth observations of the conditions of confinement and quality of life in different areas of the facility, observe staff conduct, observe interactions between staff and offenders, and conduct informal interviews with staff and offenders to gain insight into the facility's compliance with the PREA standards. The areas observed included: living units, medical and Mental Health areas, work areas, cell areas along with toilets and showers, program areas, outdoor recreation areas, administrative areas, kitchen, storage areas, training facility, Control Centers, and the overall facility grounds. During the tour, camera placement, sight lines, and staff placement were noted to assist in determining standards compliance. Video monitoring systems were observed and noted, and the auditors took notes during the tour that were shared and discussed after the site visit. All housing zones, day rooms, offender programs areas, work areas and all other offender accessible areas were toured.

While touring, several staff and offenders were informally interviewed and acknowledged receiving training and procedures for reporting sexual abuse and harassment and the right to be free from retaliation. All offenders were aware of the MDCR Inmate Phone System and auditors noted routine posting of the hotline signs with the phone number available to use for reporting. Auditors also verified that higher ranking staff such as the Facility Supervisor and Assistant Facility Supervisors (Lieutenants, etc.) make unannounced rounds and these rounds are documented in the logbook by the Control officers.

BOOT CAMP TOUR:

The Boot Camp, a reduced-security working operation adjacent to TGK, was toured separately and staff and offender interviews were conducted there at that time. Policies and procedures align at higher levels with the other MDCR facilities, and there are the normal deviations found in a Boot Camp operation.

During the tour of this small facility, auditors talked with various staff and offenders in housing and work areas. Separately, the auditor individually interviewed 6 staff and 4 offenders, including 2 youthful Boot Camp cadets. Training specific to Boot Camp personnel/operations is provided due to their being accredited by the American Correctional Association, and this training not provided general TGK staff.

On Tuesday, Auditor Rachel also toured Units K2-5 (Courts/Release), K2-6 (Misdemeanor Court Staging), K2-7 (Courts/Release), K4-5 (Females Transitional Housing/ Inmate Worker Unit), Inmate Linen/Laundry Area, and the Kitchen.

Staff were aware of the requirement to announce the presence of the opposite gender and did so in all housing in a timely manner. Interviews with offenders and staff supported that the facilities ensure these announcements and that this practice is adhered to during daily

operation. It was also evident that staff and offenders receive training concerning PREA and the zero-tolerance policy during initial training as well as annual and refresher training. All staff interviewed were aware of their responsibilities to report sexual harassment, abuse, staff negligence and retaliation for reporting. Staff were familiar with the expectations of their duties as well as the procedures for evidence preservation after an incident.

Staffing appeared generally adequate and well-positioned. Of particular note were the poor lines of sight throughout the housing areas and the many potential blind spots, as well as the extensive camera system being installed to help combat these weaknesses and to aid in enhancing the security of the offender living areas.

TGK has demonstrated compliance to PREA standards by providing appropriate privacy barriers in toilet and shower areas while still providing a secure environment for the population. Searches are conducted by same sex staff with the normal potential exception (in policy) for exigent circumstances, which have not occurred thus far. Male and female staff are available on all shifts to conduct strip searches when necessary and this was verified during interviews of both staff and offenders and review of staffing and shift documents.

INTERVIEWS:

The major portion of the site audit consisted of conducting structured interviews with specialized and randomly selected staff and also with randomly selected and specific categories of offenders (reported victims or perpetrators of abuse, disabled offenders, or anyone facing issues that increase vulnerability, etc.).

The Audit Teams interviewed a wide range of staff that included executive leadership (Acting Director, Facility Supervisors, Department Heads, Captains, PREA Coordinator for the Agency and Compliance Managers for the facilities). Interview data is summarized below.

Specialized staff interviews included the Medical and Mental Health Supervisor, Nursing staff, Program Staff, Human Resources staff, Training Supervisor, Classification Staff, Volunteer Staff, and Intake Staff.

Some employees in additional collateral roles were interviewed concerning the duties of these assignments. Staff interviewed were mostly familiar with their respective areas of responsibility regarding PREA and affirmed support for the PREA standards. All sworn staff are trained as first responders and are largely familiar with their duties; non-sworn staff receive more limited training but it appears adequate for their assignments. Staff were familiar with the procedures regarding reporting, responding and evidence preservation.

STAFF INTERVIEWS

Most staff answers were within expected parameters. All knew mandatory reporting

requirements and almost every staff member mentioned 'treating all inmates with respect', a phrase clearly embedded in the training. Staff gave positive responses to questions regarding inclusion of the essential pieces of data into their training. All noted their initial training after hiring, their annual training, and their shift training; but virtually all sworn staff noted that significant amounts of the training are completed on-line while they are on duty. They reported feeling it was adequate but admitted that their attention was sometimes diverted.

All staff knew of at least two ways inmates could report any abuse or harassment and most of them knew at least three methods. Most staff were uncertain whether or not therapy or counseling was available as a result of an inmate contacting the Rape Treatment Center and were uncertain of the outcomes possible from a call to the Rape Treatment Center (hotline).

Most staff members interviewed stated they could approach their supervisor if any incident or suspicion needed to be reported, and most were also aware they could do so privately.

Some interviews elicited the opinions from both staff and inmates that some staff would **not** report misbehavior by fellow staff members, and this is clearly a major training and culture challenge for MDCR leadership in the future.

Knowledge of First Responder steps was satisfactory but not excellent. There was a good response regarding the requirement for separating the parties involved in an incident and notifying the supervisor, but answers for the remaining normal responder requirements varied somewhat and many were incomplete. The non-sworn Correctional Technicians (CT) provided good answers but were clear in their responses that there would be no inmate contact from a CT, only from sworn staff.

The medical staff members had good knowledge of signs of abuse and reported looking for these when inmates received medical treatment. One reported learning those signs primarily in nursing training before working with inmates and has also referred inmates to Mental Health when they appeared to be "losing ground", She did report that she had seen no transgender or LGBTI inmates at this facility and believed them to be centralized at Metro West. The nurse reported receiving one week of general training at Jackson Memorial Hospital, followed by 2 weeks of correctional specific training/orientation.

She noted that Language Line would be used for translation services since HIPAA would preclude using correctional line staff as translators.

TURNER GUILFORD KNIGHT Staff:

- 1 Agency Director
- 1 Agency Assistant Director
- 1 Facility Supervisor (Captain) *This title denotes a Facility Superintendent role
- 1 Watch Commander- Senior Supervisor
- 3 Correctional Technicians (cameras)

- 1 Female Housing Officer
- 1 Female Juvenile/Youthful Housing Officer
- 2 Male Youthful Offender Supervisors
- 1 Education staff who supervises Youthful Offenders
- 1 Nurse
- 1 Nurse Director of Patient Services
- 1 Psychiatrist, Associate Director
- 4 Intermediate and higher-level supervisors
- 3 Staff who screen for risk of victimization and abusiveness
- 1 Intake and Release Officer
- 2 Intake Sergeants/Supervisors
- 1 Director of Patient Care
- 1 Intake and Booking Nurse RN
- 1 Volunteer Chaplain
- 1 PREA Coordinator
- 2 PREA Compliance Managers
- 1 Security LT
- 1 Classification Corporal
- 2 Classification Officers
- 1 Safety Cell Coordinator (Segregation Supervisor)
- 1 Internal Affairs Investigator
- 2 Agency HR/Administrative Managers
- 4 Incident Review Team members
- 16 Random staff
- 5 First Responders

BOOT CAMP STAFF Interviews:

- 1 Facility Supervisor (Captain) *This title denotes a Facility Superintendent role
- 1 PREA Compliance Manager
- 1 Acting Executive Officer
- 3 Random Staff

INMATE INTERVIEWS

It should be noted that inmate interviews were somewhat more difficult in this audit than is usual. The intake mission causes turnover here that is so rapid that numerous inmates who were randomly selected had been here only a matter of days or even hours in some cases, so their ability to answer some questions was limited. The extensive acute mental health population also presented some interview challenges. And, logistically, interviewees were slow to appear and coordination of interviews was slow and irregular.

The prisoners were well aware of PREA and the zero-tolerance policy of the Agency and were knowledgeable about how and where to report sexual abuse and sexual harassment. They all indicated they had received written information either at arrival or on the housing units for those that have been at the facility for a considerable amount of time. Randomly selected offenders and older prisoners interviewed routinely reported that they felt safe. All staff and offenders interviewed were very cooperative during the interview process.

Inmates all reported they felt sexually safe. Most inmates believe there is no sex occurring, even consensual. Most attributed that safety to cameras and the highly controlled movement protocol in the facility, and a smaller number attributed some of it to staff supervision. There was a noticeable offender belief that both newer junior staff and senior leadership would respond positively and enforce PREA standards more supportively than older mid-level supervisors who have some level of time-in-grade seniority, some of whom are more resistant to changes brought by PREA standards. Most inmates thought the staff would respond well to an allegation but a few stated it would vary by the staff member, that some weren't responsive. Inmates generally fell into one of two groups: those who would inform a staff if there was an issue; and those who would file a grievance to make sure it was in writing so "it would be more likely to get some action." A smaller number would use their family to report or use the phone, but very few. During interviews, most offenders felt sexual abuse incidents would not happen at the facility, that it was a safe place to be confined, and that an allegation would be fully investigated.

Almost all offenders interviewed acknowledged receiving PREA training and written materials (pamphlets, handbooks) outlining the agency's zero tolerance policies toward sexual abuse, harassment and retaliation. Many offenders also spontaneously discussed the unit postings with the confidential reporting number.

About half of the male inmates reported NOT being asked gender identity/orientation questions at arrival at TGK, and about half did recall the questions at TGK; a few inmates thought they remembered being asked but were unsure. Several interviewed inmates recalled medical staff asking the questions but not the correctional staff. The required policy and forms are good, so it may be that some staff were avoiding asking these questions and just checking boxes during the process.

There was universal agreement that cross-gender staff announce themselves and no inmates reported any chance of being seen naked in front of female staff unless the inmate was determined to do so. No inmates reported ever having made any report to the facility about abuse or harassment.

While all were aware of the hotline phone, as they called it, almost no one knew what would happen if they called, if any services were available, or whether it could be confidential.

Most inmates remembered the PREA Video but several were certain they had not seen one. Several mentioned it runs on the internal system frequently, however. Numerous Spanish-only speakers or weak English speakers reported they had not seen the video in Spanish. Several staff interviewed were also unsure it was even available in Spanish (it is). The same

video contains the English, Spanish and Creole language versions and if the video is allowed to complete its cycle, all inmates would see all 3 language versions, however this was not reflected in interviews as what was happening.

BCP Inmate Interviews:

4 BCP Inmate Cadets (2 youthful, 2 adult)

TGK Inmate Interviews:

- 1 SMU adult male (Special Management Unit)
- 2 LGB (Lesbian/Gay/Bisexual)
- 1 New arrestee in booking process
- 4 Limited English speaking
- 5 Youthful males
- 2 Behavioral Health females
- 2 Inmates Who Reported a Sexual Abuse
- 1 Prior alleged sexual abuse investigation
- 1 Clinic (medical) male
- 17 Random (Males) from General Population/Transitional Housing/Worker Units
- 11 Random (Females) (one non-English speaking required a translator)

DESCRIPTION OF CHARACTERISTICS

Turner-Guilford-Knight (TGK) is a multi-purpose correctional facility that operates under the Miami-Dade Corrections and Rehabilitation Department (MDCR). The facility was in good condition and appeared to be well maintained and efficiently staffed. There is a normal inmate population of approximately 900-1000 offenders. TGK has been re-structured in recent years to accommodate new missions and now serves as the Agency Intake Facility; serves as the acute Mental Health facility, a significant portion of which are females; contains the Detoxification Unit; and houses the Youthful Offender population.

TGK has a physical plant consisting of 1 primary building, built in 1989 and not renovated. Design Capacity is 1000 with one single-cell housing unit of 56 segregation (both Administrative and Disciplinary) cells; and there are 19 multiple occupancy cell housing units. Cells are designed at 70SF for single cells and 2200SF for multiple-occupancy cells. There are no open bay/dormitory housing units.

The Special Management Unit (SMU) is located on the 8th floor: K-81 houses 45 single cells; and K-82 houses two-man cells that can hold up to 50 inmates.

The number of inmates admitted during the past 12 months was 44607, the population was 921 at the time of the visit, and the last year's average was 890. TGK houses all custody levels due to its differing missions. There are 8 exterior cameras and 382 interior cameras, digital fixed dome, with recordings retained 30 days and able to be monitored simultaneously from Shift Commander, Central Control, Administrative Lieutenant Offices, and control stations. All_Inmate movement & tracking is recorded in External and Internal movement logs.

The building is not a great design from a security and flow perspective and is further hampered by such issues as having to allow visitors onto the facility floors inside the perimeter to do non-contact visitation. A number of issues remain and were evident during the TGK facility tour, such as the remaining blind spots (the agency is moving to cover these areas with cameras and has already accomplished a great deal of improvement).

Even allowing for physical plant needs and difficulties, however, TGK appears to be a better choice as a site for the disparate missions noted above than what previously existed.

The adjacent Miami Dade Correctional Boot Camp (BCP) is a minimum-security facility that opened in 1995. The rated capacity is 208 cadets with some 91 on board at the time of the on-site Audit. The facility is located on the southeast corner of TGK and is under the direction of MDCR. The boot camp is one of several facilities within this complex and is totally separate from all other facilities.

The BCP is a two-story building that centrally houses the administrative offices, academic school, program areas, and cadet residential living units. The cadet residential living units are divided into four dormitories. The two dormitories on the second-floor house 48 cadets each who are in phase I of the program, which encompasses their first 60 days. There are two dormitories on the first floor that house 40 cadets each who are in phase II, Work Release. All dormitories meet shower and restroom standard requirements.

The boot camp program is co-ed and includes court-ordered youth, defined in Florida law as juveniles. These females and youthful offender cadets attend classes and training at the facility but are housed in separate units at TGK, away from the boot camp building, at night.

There are 25 cameras strategically located throughout the compound that are monitored in the shift commander's office and provide security, safety and accountability for cadets and staff. Boot camp staff communicates by handheld radios. Staff is trained to provide direction, motivation and positive outcomes to the cadets. Youthful offender Cadets range in age from 14-24 and all have been adjudicated as adults.

Prior to being admitted to the program all cadets must pass a medical and psychological examination. The program is 16 months long and is divided into three phases: 4- month Basic Training Component; 2-month Work Release Component; and 10-month After Care Component.

Health Care Services are delivered by Corrections Health Services and include both the in-

house clinic and the Jackson Memorial Hospital, also an agency of the County. Forensic sexual assault medical exams are conducted at Roxcy Bolton Rape Treatment Center, a part of Jackson Memorial Hospital,

Medical and Mental Health staffing is extensive and has a primary focus on the large Mental Health population, as dictated by an existing Settlement Agreement. Medical staff are embedded throughout the units and are actively involved in virtually all phases of the operation.

CONCLUSION:

TGK is a facility whose missions have significantly changed in recent years and those changes have been accompanied by much turmoil. Locating the new missions at TGK appears to greatly improve services to the very difficult and different populations they now incarcerate—the acute mentally ill, the detoxification program, the agency intake program, and the youthful offenders— but the changes have also brought some overload and staff fatigue.

On the positive side, inmates, with few exceptions, report feeling they are safe here from any type of forcible or unwanted sexual activity, and staff perceptions support the offenders' views. Additionally, the training approach clearly emphasizes 'respect for all offenders' regardless of any other factors.

Another positive is that the Agency has expended considerable funds and effort on cameras to address the poor sight lines in the facility, and those efforts continue. They have achieved significant improvement in security, and inmates and staff both commented on the value of the cameras during interviews; both attribute much of the facility's safety to these cameras.

Conversely, numerous policies date to 2012 and had not been updated in process, language or philosophy, even as the national PREA program has greatly evolved during that period. Understanding that any policy changes related to the Settlement Agreement require DOJ coordination, there still remain a number of other policies that are available for review; and it appears that those needing federal coordination should be submitted and monitored for progress so that the facilities can move ahead and become more current in their guidance. Language is somewhat outdated, a number of PREA standards and concepts have been clarified in these 5 years, and it is also an opportunity to provide some re-editing.

The attitude presented at the audit by many line staff was that they will perform mandated functions they are given but at a fairly basic level as they juggle many other taskings and as they seek to attain some stability in their daily assignments.

Line staff interviewed were clear that they feel beset by many duties and that they perceive most of those duties (their "day job") are more important than PREA. They did not present in interviews as antagonistic, simply as focused on other priorities. The Agency executive staff and senior members, on the other hand, are sensitive to the need to operate in compliance

with PREA standards, however that sensitivity does not appear to always flow downwards through the lower levels of the chain of command. The executive staff appears to recognize the need to enhance their oversight to gain increased staff support, understanding and compliance.

In summary, at the time of the on-site visit, Turner-Guilford-Knight (TGK) was largely compliant with most PREA Standards but some areas required improvement and attention to come into full compliance. The executive leadership has worked diligently to achieve that compliance and they have done so.

The larger challenge lies ahead, however, as the leadership will need to retain focus if they are to remain compliant. The current policies and procedures reflect significant efforts and improvement but the past culture of minimal compliance by the lower echelons will not easily change absent constant and strong modeling and reinforcement by Agency leaders.

Issues raised during the Interim report included:

- Staff resources assigned to compliance functions (115.11)
- Cross-Gender Observation (115.15)
- Intake Screening (115.41)
- Training of staff (115.31)
- Access to non-English PREA Video/materials (115.16)

These are discussed within the Standards sections, below, with Agency actions taken.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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)

The MDCR policy, DSOP 15-008, mandates zero tolerance of sexual abuse and harassment. The policy outlines the agency's approach to preventing, detecting and responding to such conduct. Staff duties and prohibited acts are clearly defined within the policy.

The MDCR System-wide PREA Coordinator and most PREA Compliance Managers were familiar with their respective responsibilities to ensure compliance to policies by staff. The MDCR Coordinator and Facility Compliance Managers interviewed indicated that they have sufficient time and authority to coordinate efforts to comply with the PREA standards as required, however the auditors questioned this:

- A significant number of inmates interviewed do not believe line staff would report misconduct by other officers. Some staff interviewed said the same thing. Both some inmates and staff reported having heard line staff actually state that they would not report a fellow officer.
- Coordinator and Compliance Managers all indicated they have adequate time for their PREA duties, however other duties clearly occupied much of their time during the audit, and interviews elicited that they perceive they have numerous other very pressing duties.
- Answers given regarding actions and timelines to reassess inmate monitoring cases and monitor follow-up were wrong in more than one interview.
- The PREA Coordinator was left out of the loop on the decision to install a bank of monitors of Mental Health cameras; and those monitors expose random nudity to cross-gender observation by non-sworn Correctional Technicians.

The agency issued new policy (CIAB-17-002) regarding PREA levels of supervision and management on November 15, 2017 and, in these policies, significant specificity was added to address the issues noted above. The number of mandated reviews, coordination and management meetings, and monitoring processes have been significantly increased.

Interaction and coordination with the training staff and process has been enhanced and highlighted, as has coordination with external agencies and groups. The training issue is very critical given the earlier noted apparent lack of support by lower-level line staff. Additional focus has been placed on routine reviews and keeping policies current and new policies call for routine tours of the facility to engage staff and inmates involved in the PREA processes.

Policy now appears more supportive of taking actions to ensure staff and facility compliance; the longer-term and equally critical issue is whether this attention flows down the chain of command to lower echelons; whether the new policies are accompanied by discernible action and emphasis in performance; and if it provides increased time for the key staff involved in PREA to perform their duties. This is a very positive leadership initiative, however, and these actions lead to a finding of compliance at this juncture.

Standard 115.12 Contracting with other entities for the confinement of offenders

- 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)
- Not Applicable

Based on contract documentation provided and interviews with the PREA Coordinator, MDCR does not contract with other facilities to house offenders assigned to their custody. This 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)

TGK does meet requirements for the Staffing Plan in all major respects, including the annual review, the consideration of technology, the review of incidents, and the monitoring of deviations. It is noted that many deviations revolved around medical transport and supervision issues but that units maintained basic staff coverages even as those shortfalls occurred. The Annual Plan is developed by the leadership team, including TGK's Compliance Manager, and is also developed in conjunction with MDCR's Agency-wide PREA Coordinator.

It is noted, however, that DSOP 6-030 talks primarily in terms of defining actual billets funded and managing actual assigned resources; and it does not much consider determining and defining the actual number of billets required for the facility to meet all its missions successfully. Management interviews mostly mirrored this approach, i.e., they were focused on managing assigned assets rather than assessing ideal or total needs.

Per DSOP 4-018, the Senior Management Board also addresses staffing issues and is comprised of the following: Director; Assistant Directors; and division chiefs. They meet quarterly to review and identify potential patterns or trends resulting in harm to inmates in the areas of supervision, staffing, incident reporting, referrals, investigations, classification, grievances, etc. The review, per policy, specifically looks at Prison Rape Elimination Act (PREA) policies, training materials, memoranda of understanding, scope of work agreements, and contracts related to prevention and response to sexual abuse.

The Agency is operating under a Settlement Agreement that governs a significant part of TGK operations, especially regarding Mental Health service provisions and operation of a detoxification program. This decree has caused several staffing reviews and has driven many recent staffing plan decisions and funding lines throughout the operations. Also, as leadership obtains more cameras to offset a weak plant design, inmates relocated here in recent years as a result of the decree are benefitting from improved and increasingly safe surroundings.

Standard 115.14 Youthful offenders

- 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)

MDCR does receive youthful offenders, defined as ages of 14-17, and all are housed in TGK; none are housed in any other MDCR facility, including the pretrial detention facility and the Boot Camp. Youthful Offenders do participate in the Co-ed Boot Camp along with adults.

There are 3 housing units dedicated to male Youthful Offenders (ages 14-17) and these housing units are totally separate from adult inmates. Youthful Boot Camp Cadets are housed at TGK but spend their entire day at the Boot Camp, not within TGK. Female Youthful Offenders in Boot Camp reside in a separate area within a TGK women's unit, also with separation by sight and sound and with separate staff. Normally, the TGK facility has from 50-60 male youth and perhaps 4 female youth. Male numbers can approach the 75 range but that's not the normal population level.

Boot camp youth, all adjudicated as adults and designated to TGK by court order, are in the same unit as other youth but housed largely together in 2-person cells in the area immediately adjacent to the unit officer. They depart each day for the Boot Camp program, returning late each evening, and do not reside in adult Boot Camp housing. They are integrated with adults in the Boot camp but have their own Drill Instructors (DI) who remain with them at all times and their inmate uniforms are color-coded differently from adults so that DI staff is always aware of their location.

Both male and female youth have recreation areas, showers and schedules separate from adults and they sit separately from adults in shared Boot Camp classes. Their programs are provided separately within the youthful offender unit and they receive academic classes from teachers provided by the Miami-Dade school system during the school year. All youthful offenders are mandated to attend either the alternative High School or GED program and classes were being held during the tour of their areas.

Auditors looked closely at this program due to the potential PREA violations in such a commingling of youth and adults. Some of the BCP staff interviewed do not support the changes they had to make to bring the boot camp program into compliance for youthful

offenders, but they have made those changes and the program succeeds in the separation necessary to be in accord with Standard 115.14 requirements.

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)

Based on policy, tour observations, training curricula, staff and offender interviews, and documentation provided in logs, TKG staff do not conduct cross gender strip searches and/or cross-gender body cavity searches, although policy allows for exigent circumstances.

There have been no instances to date but, if any occur, staff are aware of the procedures and know that policy defines the requirement to document such searches in an Incident Report.

Offenders are allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing these evolutions, especially with the implementation of curtains for the shower areas and privacy barriers in the toilet areas. Cameras in general populations are appropriately positioned to ensure privacy while maintaining a secure overall environment. As one offender noted, "it gives you some privacy but you're still tracked everywhere." Opposite gender staff are required by policy to announce their presence prior to entering the housing areas, and this was observed throughout the tour. Interviews with staff and offenders noted this as common practice.

Staff were aware of the prohibition of searching or examining a transgender or intersex offender for determining the offender's genital status, but training documentation and most staff interviews show that numerous staff were not familiar with specific search procedures for this population. Not all staff were able to define or describe the search procedure

differences for transgender inmates but this has now been corrected and provided. The Lesson plan in PREA Training (April 18, 2013) and titled: "PREA Inmate Sexual Assault/ Abuse Prevention Lesson Plan" includes the following guidance regarding MDCR frisk/strip search procedures for cross gender, LGBTI inmates, and identified victims of sexual violence:

- "Staff shall ensure that the inmate is examined by MDCR (medical)"
- Once identified, the inmate shall be frisk or strip searched by sworn staff of the identifying gender specified by (medical) staff
- "Inmates that are identified as transsexual or cross-dressers shall be strip searched by sworn staff of the same external genitalia as the transsexual or cross-dressing inmate"

It is noted that the last 2 bulleted instructions were in conflict and resulted in differing staff answers during the interviews. Their most frequent answer, apparently accurate, was that transgender inmates could select the gender of staff designated to search them, a policy not noted in this training module but widely reported in interviews.

This DSOP 11-022, dated 2012, Version 1, also needed to be reviewed to ensure this terminology reflects the desired choices of the leadership. It is recognized that the agency needs to coordinate many changes via DOJ.

There was a significant cross-gender viewing issue in the area where male and female Correctional Technicians were monitoring the approximately 121 surveillance cameras located inside male and female Mental Health cells. Nudity is not unusual in an acute Mental Health population, but Correctional Technicians were positioned so that either gender could observe both male and female inmate/patient nudity which was observable on camera during the tour. The Director indicated at the out brief that this was already being addressed. At the final update, it was reported that the monitor viewing has been reassigned so that same gender observation is now required, and the area has been partitioned to block cross-gender viewing.

Standard 115.16 Offenders with disabilities and offenders who are limited English proficient

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

The policies are in place and are compliant but auditors did interview a few offenders who reported some slippage in the actual process.

Offenders with mental and some medical disabilities are often housed here, but they are housed separately and have medical staff supervision working and assigned in the medical housing units.

TGK makes available written information in English and Spanish if needed. Through staff and offender interviews, it is clear that staff are available to ensure effective communication with offenders having difficulty reading or understanding information provided, although we interviewed several offenders who did not see or receive the requisite Spanish-language videos or handbooks.

A contract interpreter program and access are provided, as is access to Language Line. Virtually all signage is provided in English, Spanish, and Creole.

Several non-English speakers, or very weak English speaker inmates, were interviewed and each one indicated they had not seen the PREA video in Spanish, only in English, and relied on nearby inmates who were also newly arriving to loosely provide some interpretative comments to them. Most also reported not receiving a Spanish inmate Handbook. The facility has addressed this issue, emphasizing provision of all videos and materials and increased supervisory oversight of this process.

It is noted that the video is also played routinely in the housing units and that the same video contains all 3 languages in sequence; so, the fact that a number of inmates and staff both were uncertain that it even existed in Spanish may indicate the video was not allowed to fully run before recycling. Staff reported this as being corrected during the on-site visit and auditors reviewed logs from the Corrective Action period that supported the current full cycling of all 3 videos. A January 7, 2018 interview with the PREA Coordinator and the Compliance Manager provided the actual scripts and supported that Handbooks are now readily available and issued. This area is now considered compliant.

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)

By review of policy, interview with staff responsible for Human Resources functions and documentation review, it was determined that the MDCR does not hire or promote staff, or enlist the services of any volunteer or contractor who may have contact with offenders, if they have committed or been convicted of any of the prohibited acts as defined in sections 1-3 of standard 115.17, or had any incidents of sexual harassment.

DSOP 6-049 states that Miami-Dade Corrections and Rehabilitation Department (MDCR) requires that promotional candidates successfully pass a comprehensive or modified background investigation that reveals no unfavorable, derogatory, or disqualifying incidents or behaviors, including those related to the United States Department of Justice Prison Rape Elimination Act.

New employees and potential contractors receive background checks and those are renewed every 5 years. Applicants for hire or promotion are asked directly about PREA misconduct through a separate reporting form during the process and every applicant is reviewed and vetted by an Investigations Specialist before a selection is made, although PREA incidents result in the staff not being hired or retained. A polygraph is used, as is an initial psychological examination; if these are adequate, the candidate is then checked via the FCIC

(Fla. Crime Information Center; the NCIC; and FLCCIS (Fla. Comprehensive Case Information System). Volunteers and contractors required to have a criminal record check before being allowed to serve in the institution, per DSOP 23-001.

The Promotional Boards review circumstances of a suspension occurring within the past 2 years to determine a candidate's eligibility for promotion. In addition, the Promotional Board will not recommend a candidate for promotion if any Employee violated any of the provisions outlined in the Prison Rape Elimination Act.

Requests from employers concerning former employees are responded to by the staff responsible for HR (Human Resources) functions, but requests that involve adverse information are referred to SIAB or the Labor Management Unit for a response. This includes those who resign in the middle of an investigation. It was initially unclear that MDCR ensured any staff member with adverse information on their record had that data provided to the requesting agency considering the former staff member for possible hire, however the HR manager interviewed assured that this is being done. Additionally, the major PREA policy, IP-001, was amended on December 29, 2017 to be brought current and made specific to this issue, and the December 7, 2017 interview with the PREA Coordinator and Compliance Manager affirmed these actions, so the facility is compliant.

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)

An annual assessment is conducted as part of the staffing plan to ensure camera placement is appropriate and adequate to enhance sexual safety. The video monitoring system installed (Vicon Net Camera and monitoring system in all Mental Health cells; 30-day retention) has impressive clarity and capability to monitor activities within the housing zones and other areas with excellent lines of sight and coverage. Staff and offenders' interviews confirmed that they felt safe in part because of the widespread presence of the camera system.

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)

Any allegation of sexual abuse is referred by MDCR to MDPD for a criminal investigation by an investigator with specific training in sexual abuse investigations. Interviews reflect that the Miami-Dade Police Department (MDPD) department has an excellent working relationship with the investigators assigned to monitor the TGK Facility. Per policy, and as documented on training records, MDCR investigative staff have also completed specialized training specific to conducting investigations concerning sexual safety for administrative investigations. All on-site staff have been trained in the collection and preservation of usable evidence and were able to well verbalize the steps required. The MDCR follows a uniform evidence collection protocol that maximizes the potential for obtaining usable physical evidence.

Corrections Health Services, the in-house clinic, is operated by Jackson Health System's Jackson Memorial Hospital. Under DSOP 1150-18, any offender who is a victim of, or alleges, sexual assault is offered access to forensic examination at no cost at Jackson Memorial Hospital where a SAFE/SANE is available, as referenced in their Memorandum of Understanding. These sexual assault medical exams are conducted at Roxcy Bolton Rape Treatment Center, a unit at Jackson Memorial Hospital.

Informational postings throughout the facility and in offender literature have contact information for both reporting incidents and securing advocacy assistance. In the event of need, or request by a victim, a trained victim advocate would be made available at Jackson Memorial Hospital.

The Rape Treatment Center (RTC) Advocate duties are specified as:

1. Meet with the survivor as privately and as soon as possible, after his or her arrival at RTC.
2. Answer the survivor's questions about the medical forensic exam and investigation.
3. Provide support and crisis intervention to the survivor.
4. Accompany the survivor during the medical forensic exam, if requested.
5. Ensure the survivor's privacy and comfort as much as possible.

6. Provide information about follow-up services and get survivor contact information.
7. Follow all state and RTC guidelines about confidentiality and privileged communication.

DSOP 14-008 states that the IMP (Inmate Medical Provider) shall review and update its policies and procedures annually, as needed. Additionally, the IMP shall conduct an annual review of all MDCR policies, programs and programs related to health services and provide applicable feedback, as stipulated in the IMP policy and procedure manual. The IMP also acts as the custodian of medical records.

In accordance with DSOP 15-008 "Inmate sexual assault/abuse prevention," IMP medical staff will comply with the Prison Rape Elimination Act. The medical and psychological trauma of a sexual assault is to be minimized as much as possible by prompt and appropriate health intervention, but MDCR/IMP staff are not permitted to gather forensic evidence from the

alleged perpetrator. Information is to be obtained from the assailant so that appropriate medical intervention can be initiated for the victim.

IMP does not endorse in-house examinations for sexual assault victims, so victims of sexual assault are referred to a designated rape center for examination (Roxcy Bolton).

One auditor noted that medical personnel interviewed were weak with respect to evidence preservation prior to forensic examination and that he found no specific training or records in reference to this requirement, so the training curriculum and records were requested. A list of staff completions (essentially notated only "PREA Training Completed") was provided in the August 24 email from the facility. Curricula lesson guide and presentation document has been provided in the Corrective Action Period and is responsive to the auditor's concerns.

Auditors noted that Jackson Memorial Hospital policy on Emergency Care Services specifies that forensic exam and crisis intervention services for victims is free of charge; but DSOP 15-008 does not give guidance on exclusion for other follow-on PREA medical charges, nor was such guidance observed in the Inmate Handbook; it should be added at these locations to ensure it is embedded in the process.

Finally, one important issue that arose in several interviews regarded medical staff sharing of information with correctional staff, a process reportedly very restrictive. Several interviews indicated that medical staff might give guidance but not related background, i.e., telling staff to 'wear protective clothing' but not telling them why, or 'put the inmate in restrictive housing' but not explaining why. Interviewees ascribed this to HIPAA compliance.

For helpful background, the PREA Department of Justice position was noted in a DOJ FAQ dated July 11, 2013, as follows:

"Does the Health Insurance Portability and Accountability Act (HIPAA) limit the ability of medical professionals to report information to a facility related to sexual abuse of an inmate?"

"No. The HIPAA regulations expressly allow medical providers to provide to a facility with lawful custody of an inmate **any information necessary** for (among other things) "[t]he health and safety of such individual or other inmates" or "[t]he **administration and maintenance of the safety, security, and good order of the correctional institution.**" 45 C.F.R. § 164.512(k)(5)(i)." (Emphasis added)

At the January 7, 2018 update at Orlando, the MDCR PREA Coordinator and Compliance Manager reported that this issue had been noted on 2 other recent audits. The medical and correctional agencies have addressed it and already came to a partial common agreement that provides adequate information necessary to ensure safety of staff. They have also made significant improvements in information-sharing and further opportunities are reportedly under review and discussion.

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)

Miami-Dade Police Department has an MOU with MDCR to investigate all felonies and narcotics offenses but it does not specifically state that sexual abuse reports are included. In reality, a sexual abuse allegation is considered a felony and MDPD investigates all allegations initially, turning the investigation over to the SIAB if it is determined to be non-criminal. MDCR SIAB currently employs 16 investigators to investigate allegations of sexual abuse.

Part of the MOU reads “MDCR shall notify the outside law enforcement agency with jurisdiction concerning allegations of sexual abuse. The outside law enforcement agency shall determine if the allegation is a PREA violation that could result in filing of criminal charges, and may respond to the facility to file charges and initiate an investigation. PREA investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports.”

DSOP 15-008 does require an investigation for every allegation of sexual abuse or harassment. During the 12 months prior to the site visit, 12 allegations were received and 7 of those were referred for criminal investigation, the remaining 5 for administrative investigation.

“It is the policy of the Miami-Dade Corrections and Rehabilitation Department (MDCR) to investigate all allegations of staff misconduct, violations of MDCR or Miami-Dade County (MDC) rules and regulations, and citizens’ complaints. MDCR shall conduct administrative investigations. Where appropriate, MDCR shall ensure allegations are referred to outside law enforcement agencies with legal jurisdiction to conduct criminal investigations. Complaints shall be thoroughly investigated until a final disposition is attained. MDCR may initiate administrative actions against staff during investigations, and based on the outcome of an investigation, may implement disciplinary actions, up to termination.”

The Security and Internal Affairs Bureau (SIAB) monitors all investigations and there is a monthly coordination meeting between MDPD and MDCR to ensure all are aware of the status of cases. All policies regarding reporting are clearly published on the MDCR website.

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)

There were 721 staff who received new employee or refresher PREA training the year preceding the site visit. Most staff receive preservice training upon hiring, as well as annual refresher training, on the specific standards outlined in sections 1-10 of standard 115.31, as well as specific training on being first responders. It is noted that the facility acknowledged training about 90% of their staff, not the 100% required.

An August 24, 2017 email from the facility states that all 2617 agency staff (not just TGK) have now been trained in PREA and all 444 CHS medical staff have also completed required training. Updated attendance rosters and training records and schedules were provided January 7, 2017 to confirm this.

Lesson plans were reviewed and training staff interviewed during the on-site visit. It was evident during the staff interviews, as well as in training documentation, that staff received the training and were aware of their offender protection responsibilities concerning sexual abuse and harassment incidents as well as most required steps of first responding and evidence collection. Review of curricula showed that training is both generic PREA training and also tailored to the gender-specific issues of offenders in each facility. Employees receive additional training if assigned to the Boot Camp, both due to the unique nature of the program and to the Accreditation status by the American Correctional Association. All documentation is maintained within the training area files and the individual training files.

During the on-site visit, Staff Training appeared compliant except for the concerns noted. All staff receive Initial training and complete specialty training in their area (e.g., Investigators, Mental Health, etc.); receive quarterly updates; and receive annual Refresher Training. Specialized staff did not complete the NIC (DOJ National Institute of Correction) training related to their specialties but they did receive other professional training as required. In the January 2017 update to facility information, data was provided to show that this training is now utilized.

Training is provided concerning cross-gender pat searches in the event there is an emergency but these searches are not presently occurring. Staff interviewed were all aware of the prohibition of physically examining a transgender or intersex offender to determine sex. Several interviewed staff were unsure of methods or specific training about how to search

transgender inmates but noted they all immediately go to the central facility at Metro West, a not totally accurate assumption. This training is now provided and records and training materials were provided to auditors for review.

A concern was that significant amounts of training are accomplished on-line, which can be appropriate and effective, but the training here is also accomplished while on duty at their post, in the units, etc. It would appear that either the training or their security duties would suffer somewhat with this model. One auditor reported that staff interviewed felt their PREA training was inadequate due to being online, not classroom experience, and that they don't always have time to pay full attention to the training. A brief random check of 70 scores indicated that 39 staff increased their scores post-test, 24 remained the same, and 10% (7) worsened their scores after training, so the results do appear reasonable.

PREA Investigators who conduct sexual abuse investigations receive specialized training on investigations in confinement settings per DSOP 15-008 "Inmate Sexual Assault/Abuse Prevention". Training Bureau copies of each employee's training documentation for recordkeeping, and interviews, indicate that this is accomplished.

Medical staff interviewed indicated that they received 2 weeks of correctional training as well as the Jackson Memorial Hospital medical training specifically geared to medical treatment of offenders; and they report PREA issues being present in both sets of training routines. As noted earlier, auditors requested the curriculum and lesson guides on medical staff preserving evidence. Training information, rosters and topic data was brought current at the review of January 7, 2017, including the Jackson health System training material; and the needed changes are reflected there.

It appears the training requirement has been brought current and is compliant; follow-up verification was conducted during the Corrective Action period to validate that this performance level has been embedded into operations and schedules.

The Agency has significantly modified management of on-line training during shiftwork assignments: critical or extensive training is now provided in Mini-computer labs with an instructor present. A relief is provided for the staff member in the training lab. This is a more positive environment and should provide better staff performance results.

This area is now considered compliant.

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)

All contractors and volunteers receive training on their responsibilities under the sexual abuse and harassment prevention, detection and response policies and procedures. The agency reports that 715 contractors and volunteers have received this training and the number of volunteers and individual contractors, who may have contact with inmates, is currently 605.

Volunteers and contractual personnel receive orientation and training prior to their assignment. Volunteers and contractual personnel shall agree in writing to abide by all MDCR policies, the American Correctional Association, Florida Corrections Accreditation Commission, Code of Ethics, policies particularly those relating to the Prison Rape Elimination Act (PREA) of 2003, security, confidentiality of information, and the Volunteers and Contractual Personnel Regulations.

Training included potential disciplinary and criminal or administrative procedures for

violations. Training records and acknowledgment were reviewed to ensure compliance with the level of training required for the level of contact of the volunteer or contractor. During interviews, the volunteer/contract staff confirmed receipt of the training and accurately communicated the requirements of reporting and response. The volunteer agreement utilized at MDCR accurately reflects requirements and potential sanctions for violations.

Applicants or contractors are denied by MDCR for any of the following reasons:

- The volunteer/contractor applicant has an open misdemeanor or felony charge;
- The volunteer/contractor applicant is on probation or parole, or has been in jail or prison within the past 24 months from the date of application;
- The volunteer/contractor applicant has a record of a misdemeanor or felony charge involving moral turpitude or violence;

The following steps are used to process volunteers and contractors:

- All applicant volunteers and contractors must complete a MDCR Volunteers and Contractual Personnel Regulations and Application for PSD (Personnel) staff for processing.
- All applicants have a local and national criminal records check conducted on them by PSD staff;
- Once the records check is completed, the PSD staff member conducting the check forwards the documents to the Security and Internal Affairs Bureau (SIAB) Supervisor for approval;
- Once approved, the SIAB Bureau Supervisor forwards everything to the applicable Facility/Bureau Supervisor for approval.

Standard 115.33 Offender 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)

Policy is that all offenders in the reception process receive PREA-required information concerning sexual safety, to include reporting, response, and retaliation issues at TGK by video and in person. In theory, the initial short video is seen at Intake and, if the inmate is subsequently denied bail, then the longer and more complete video and orientation is shown in his assigned unit. This education is documented in the MDCR electronic offender file.

The classification staff and also the nurse are involved in asking some of the same PREA-related questions asked during Intake, and this replication provides additional assurance of the items being covered during the process due to the large numbers of offenders involved. In the 12 months preceding the PREA site visit, the agency reports that some 62,771 inmates

were processed through Intake and received the initial PREA training, and 9284 of those remained in the facility long enough (beyond 30 days) to receive the more comprehensive PREA education program.

During the intake process, offenders receive comprehensive information explaining the zero-tolerance policy regarding sexual abuse and harassment and how to report incidents or suspicions of sexual abuse or harassment. Additional postings and signage are located throughout the facilities, readily and continuously available in English and Spanish and Creole. Both interviews and the PAQ report that education is accessible in formats for: limited English proficient; Deaf; Visually impaired; Otherwise disabled; and those with limited reading skills.

Interviews indicated that the Spanish PREA video was not being routinely viewed but, as noted above, this has been addressed.

MDCR receives relatively few offenders who are deaf. In the event such an offender is received, staff are available to personally assist the offender with accessing services available for translation services or sign language assistance for those who are deaf/hard of hearing.

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)

MDCR has 16 trained Investigators who can manage sexual assault or harassment cases, 2 of whom are assigned to the TGK Facility, and these report to the SIAB at MDCR headquarters rather than to the facility. Interviews reflected the use of the required preponderance of evidence standard in PREA cases.

Based on review of policy, training curriculum and investigative staff interviews, investigative staff have received additional specialized training in conducting investigations in a confinement setting in addition to general training provided for all employees. In the event of an allegation, the local Miami-Dade Police Department (MDPD) Department is contacted to conduct a criminal sexual abuse investigation; their Investigators have also received specialized training in techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and level of evidence required to substantiate a case for administrative action or prosecution referral. The Training Bureau maintains a copy of each employee's training documentation for recordkeeping

MDCR provides the following specialized investigator training:

-Investigators who conduct sexual abuse investigations shall receive training on conducting investigations in confinement settings per DSOP 15-008 "Inmate Sexual Assault/Abuse Prevention".

-Specific training topics include appropriate investigation policies and procedures, the investigation tracking process, interviewing techniques, and confidentiality.

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)

All medical/Mental Health staff have received the basic agency training for these specialized positions and medical staff also attend the MDCR basic training prior to working in the facility. Specialized training is provided as required for all medical and Mental Health staff and was verified through review of policy requirements, training records and interview of medical staff. They also receive training on gender responsiveness, suicide prevention, how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, effectively responding and first responder training, and how and to whom to report, especially as forensic examinations are not conducted by on-site staff.

Training is documented and maintained in the training record. Mental Health Services of a significant nature are provided through the Miami-Dade Department of Corrections and medical staff interviewed indicated that they received 2 weeks of correctional training as well as the Jackson Memorial Hospital medical training specifically geared to medical treatment of offenders; and they report PREA issues being present in both sets of training routines.

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)

During the review, it was reported that initial screenings for victimization and abusiveness were being conducted at Intake for each offender in accordance with standard 115.41, and

the 30-Day reassessment of the offender (“within a set period not to exceed 30 days”), was being completed for all offenders who remained beyond the 30-day mark. However, the auditor reviewing Classification reported that, in reference to the Classification and Intake process, Classification personnel struggled to explain how they are conducting the required reassessment. The Agency has issued updated IP-001 policy that clarifies this area, assigns additional check-steps, and provides computer system reports tracking both assessments and 30-day reassessments.

MDCR developed a report ‘In-Custody Inmates Requiring PREA 30 Day Reassessment’ that identifies all inmates that remain after 25 days. MDCR will reassess the inmates risk of victimization or abusiveness.”

It thus appeared this was being addressed and actual execution of the policy and forms was verified during the Corrective Action period. The auditor has been provided the report as noted above, both the one showing reception and the 30-day date, and also the form showing the actual reassessment.

Evaluation of both males and females includes: health screening, assessment for disabilities, drug and alcohol assessment, custody classification, educational, and Mental Health evaluation.

Of greater concern were interviews with several offenders who stated they were missing information concerning PREA, had not received it at Intake, and specifically had not been asked questions regarding gender identity and orientation. Considering the number of offenders affected, it was concluded that there are most likely just one or two individual staff members responsible. The August 24 email indicates this was being addressed by additional training, backup classification review, and on-site observation by supervisors.

This information is now entered into the Queue Management System (QMS) for tracking purposes. The new arrestees are also now screened by a medical provider at Pre-Medical Screening. It would appear that the agency has satisfactorily addressed this area and policy and process are moving forward. As noted, actual execution and performance documentation was reviewed during the Corrective Action period. This process and standard now are compliant.

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)

As required by policy DSOP 15-008 and as indicated through staff interviews, the TGK staff

uses information from the risk screening to determine institutional location, housing, and bed; and, to a lesser extent, work and programs need; and it observes the goal of separating offenders determined at high risk of being sexually victimized from those at risk of being sexually abusive. Additionally, identification of potential predators or victims results in the expedited notification to senior staff for individualized determinations of how to ensure the safety of each offender. This identification is enhanced by the participation of the classification and medical staff in the Intake screening process.

Generally, transgender or intersex offenders are assigned to the Metro West facility, an agency institution with a wider range of services and resources for housing and programming assignments, better ensuring the offender's health and safety. In the event of an assignment to TGK, interviews indicate that placement and programming assignments would be reassessed at least twice per year to review any threats to safety, with the offender's own views of safety given serious consideration. Policy provides the opportunity to shower separately from other offenders but, in actuality, showers of all offenders are fairly restricted and secure. Offenders are not placed in dedicated facilities, units or wings solely on the basis of the LGBTI identification or status but they are placed in separated units on the basis of identification as either a potential predator or potential victim.

Once completion of the Intake Victim/Predator Screening is accomplished, staff initiates the classification process, including face to face interviews, and assigns inmate classification flags that identify the inmate as PREA Victim or Aggressor, assigns housing, and activates the Housing Committee when a transgender offender is received.

The PREA Coordinator interview reflected that there had been 2 instances where transgender inmates were assigned housing in accordance with their self-identified gender, one transgender male and one transgender female, although the transgender male stayed only a very short time prior to release. Staff interviews also uniformly reflected that transgender inmates could select the staff gender they preferred to be searched by, but this was not found in any core policies reviewed.

In general, the intake data is used more to determine ultimate facility and appropriate location than programming since the intake unit is primarily transitional. Once transferred to more stable housing facilities, staff interviews indicated that programming issues receive more attention.

Any inmate/patient identified as a potential victim or predator is automatically assigned a direct supervision housing unit where staff is always present.

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)

Turner-Guilford-Knight (TGK) policy outlines procedures to ensure offenders at risk of sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made. Staff and offender interviews, and files documentation, revealed no incidents of involuntary segregated housing being used for this purpose during the preceding 12 months. Although there have been no protective custody placements in the past 12 months, staff were aware of the requirements in the standard for review and documentation in the MDCR and Turner-Guilford-Knight (TGK) policy.

Staff interviews indicated that TGK has 2 types of SMU housing (Special Management Unit)- one being routine segregation and the other being a large Protective Custody Unit used for long-term high visibility inmates such as witnesses, police officers, judges, etc. All staff interviewed indicated that Protective Custody is very rare for potential abuse victims, that several circumstances would need to be in place, or else the inmate would need to be determined to be placed there.

Standard 115.51 Offender 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)

Multiple avenues are provided to the offender population for reporting purposes, to include mail, free telephone services to internal or external agencies, and directly to any staff member or third party who may report back to the leadership and PREA Coordinator. The staff and offenders interviewed were readily aware of the signage displaying availability of the #9022 "Hotline" confidential reporting capabilities within the Miami-Dade Inmate Phone System as well as the access to outside agencies both via telephone and mail. The contact information for these external agencies is posted throughout the facility and listed in the offender handbook; all offenders interviewed were aware of the number availability. Offenders may remain anonymous if desired, both by using the external agency or by submitting an anonymous request chit. Staff knew the methods and requirement to report and stated that they would be comfortable doing so.

Staff were generally aware of the need and ability to notify Consular Officials in the required cases of foreign nationals since that is not an uncommon issue here.

There is information on outside reporting mechanisms on the posters in every unit but many staff and almost all inmates could not define how to do any outside reporting. Several inmates did indicate that they could get such information if they needed it, they had just not been concerned about it.

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)

MDCR policy provides an administrative grievance process but clearly states in policy and in offender information handbooks that a sexual abuse allegation may be submitted at any time regardless of the date of the alleged incident. There is no requirement for inmate attempts to informally resolve any complaints. DSOP 15-001 provides that allegations are not referred to any staff member who is the subject of a complaint and also provides the requisite 90-day response window from the filing of the grievance. In the past 12 months, 9 grievances were filed that alleged sexual abuse and all 9 received final decisions within 90 days. The agency has a protocol for notifying offenders if an extension is required but no extensions were needed this past year.

Policy regarding emergency grievances is in place that meet the PREA timelines and Standard, but was not utilized this past year. It is noted that policy requires immediate notice to senior leadership and the PREA Coordinator at the MDCR HQ office. No offenders received disciplinary action this year based on filing a grievance in bad faith.

The Reentry Program Services Bureau (RPSB) coordinates and manages the inmate grievance process. RPSB also compiles data, reviews trends, and prepares reports on Inmate Grievance System (IGS) data quarterly to identify areas of concern.

Standard 115.53 Offender 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)

Turner-Guilford-Knight (TGK) provides the offender population with access to an outside victim advocate for emotional support services related to sexual abuse at the Rape Treatment Center (RTC), an organization that has a focus on sexual abuse victims and provides reporting, advocacy, and wide-ranging support to victims as needed. The RTC serves all area victims, not just correctional victims. As viewed during the tour, and in the offender handbook and policy, mailing addresses and toll-free hotline numbers are readily provided to offenders.

Offenders are advised via their handbook, orientation education and posters of the support

available and that calls are not monitored or recorded. A few offenders indicated in interviews that they were unaware of how to gain support services and some PREA issues in general but most were able to answer all questions asked.

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)

TGK provides information concerning third party reporting directly to the MDCR (SIAB reporting number, or writing to the MDCR) by the general public on the Miami-Dade Department of Corrections website, as well as on postings for the offender population in the telephone area of each housing area, and also poster information in all visiting areas. The facility takes all reports seriously no matter the method of reporting and each reported incident is investigated.

DSOP 4-015 states that it is the policy of the Miami-Dade Corrections and Rehabilitation Department (MDCR) to investigate all allegations of staff misconduct, violations of MDCR or Miami-Dade County (MDC) rules and regulations, and citizens' complaints. By policy, complaints are required to be thoroughly investigated until a final disposition is attained.

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)

Policy DSOP 15-008 requires all staff and medical and Mental Health practitioners to report immediately any knowledge, suspicion, or information regarding sexual abuse or harassment or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than those necessary. Random staff interviews confirmed staff awareness of their responsibility for the immediate reporting requirement and not disclosing information of allegations except in the investigation process, treatment or management process. This same policy also includes mandatory reporting of any activities related to retaliation.

As noted earlier, some interviews elicited the opinions of both staff and inmates that some staff would not adhere to these rules on reporting fellow staff members.

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)

DSOP 15-008 requires staff, volunteers and contractors to take immediate action to protect any offender subject to risk of imminent sexual abuse. During interviews, staff and volunteers were aware of the steps to take to protect an offender as well as most normal first responder procedures. Extensive training concerning this topic was evident throughout all line positions interviewed and all lesson guides reviewed. Random questions to staff during the tour gave the same results, that staff were aware of the steps and processes required.

Any inmate/patient identified as a potential victim or predator is automatically assigned a direct supervision housing unit with staff always present.

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)

IP-001 policy requires that documented notification by the PREA Coordinator occur within 72 hours to the appropriate agency, upon receiving an allegation that an offender was sexually abused while confined at that other facility, in order to ensure it is investigated. There have been only 2 instances in the past year, but during interviews with the Facility Supervisor and PREA Coordinator, familiarity with the required procedure was demonstrated. The actual PREA Standard (below) requires notification by/to the Facility Head-- not the PREA Coordinator-- to the equivalent leader of the other facility in order to assure top leadership visibility.

"PREA Standard: "115.63 Reporting to other confinement facilities."

(a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. "

MDCR IP-001 was amended and now clearly states the procedure to be followed and is aligned with the standard. As an additional clarification, as of January 2018, we note that the DOJ staff managing the PREA program is now recognizing some difficulties in large facilities with this standard due to volume of notifications. Compliance with the standard will now recognize notifications issued by other staff members if done in the agency head's name or if the agency head is clearly provided copies of the notifications made, so that the intent of the standard-- agency head direct knowledge of all instances-- is clearly met.

This standard is compliant.

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)

DSOP 15-008 policy specifically outlines detailed procedures for all staff to respond to an allegation that an offender was sexually abused in accordance with the standard. All line staff are trained as first responders, and all volunteers and contractors also receive instruction on appropriate initial responses if they are first on scene. Staff interviewed were aware of most of their expected duties to include protection and separation, evidence preservation and collection, medical assessment and treatment if needed. The response checklist card available to staff mirrors the PREA standard. Staff have received required training specific to these duties as confirmed through training rosters as well as staff interviews.

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)

MDCR has well-developed institutional policy and plan to coordinate staff actions in response to an incident of sexual abuse. Interviews with Specialized Staff and intermediate level managers confirmed that all were knowledgeable concerning the response plan and the specific duties of each. The response checklist and matrix are very clear and specific as to which staff are responsible at each step and also includes the various restrictions involved (e.g., actions/areas reserved to medical, law enforcement, etc.).

Standard 115.66 Preservation of ability to protect offenders 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)

MDCR is party to several union agreements, none of which appear to deal specifically with staff PREA issues, and none of which appear to prevent the County taking actions it deems necessary for safety reasons. MDCR policies on hiring and promotion do address rejection of candidates with prior sexual safety violations and also specify how any PREA-related information would be provided to promotion boards in the event that situation occurred.

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)

As defined in DSOP 15-008, multiple protection measures such as housing changes, transfers to a larger or different MDCR facility, emotional support services and removal of perpetrators have been put in place to protect all offenders and staff who report sexual abuse or harassment from retaliation. In the event of an allegation of sexual abuse, monitoring for retaliation is provided by PREA Compliance Managers at the facilities, and they reported in interviews that they work closely with the Agency PREA Coordinator.

Interviews with individuals who have PREA responsibilities, a review of the MDCR and Turner-Guilford-Knight (TGK) policies, and a review of the position descriptions provided support for this standard being compliant in terms of appropriate policy and required process. Monitoring does appear to continue for the minimum 90 days but reportedly continues beyond that if it

appears advisable. The Agency form "Protection Against Retaliation" is a well-developed tool.

There was some concern regarding monitoring, however, due to the following issues noted.

- Compliance Managers answers were initially weak in interviews.
- Some staff members answers were wrong regarding the reasons for required actions to analyze/reassess cases, monitor follow-up, and ensure Incident Reviews.

The follow-up January 2018 update review provided data on monitoring now being done regarding specific inmates and it does indicate an active process and one that has safeguards to prevent inmates falling through the cracks. The facility response to this specific standard did not directly address all the issues noted in this paragraph, however the responses provided to earlier standards, such as 115.11, do address these same noted issues- adequate time to perform PREA-related duties, emphasis by more senior staff than had been assigned earlier, more frequent and direct victim monitoring etc.

The monitoring and protection from retaliation area is compliant.

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)

In the past year, there were no offenders placed in segregated or restrictive housing for protection following an allegation of sexual abuse. Policies DSOP 15-008 and IP-001 require that housing in involuntary restrictive housing occurs only when no alternatives are available for separation and safety purposes. Policy also states that segregation, if used, will be very short-term or will include the provision of programs and privileges. A 30-day review requirement is in effect if segregated housing is used. Generally, an offender could be transferred to another MDCR facility for housing to ensure safety if needed, but staff

interviews with the Facility Supervisor and PREA Coordinator indicated that would be a rare circumstance. Interviews with classification staff confirmed the same understanding of policy.

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)

DSOP 15-008 and IP-001 refers. Any allegation of sexual abuse, no matter the method used to report, is immediately referred to the MDPD (SVB) for criminal investigation. Miami-Dade Police Department (MDPD) Department Investigators take the lead in criminal investigations. MDCR internal SIAB investigators do administrative investigations in the event the incident cannot be proven to be criminal since it may still be pursued for Administrative Investigation. All MDCR investigators have received appropriate and documented training for investigating either staff or offenders. Substantial training had been received concerning sexual abuse investigations, evidence collection and preservation. Investigator and senior staff interviews stated that any allegations found to be substantiated would be referred for prosecution and any departure of the alleged abuser or victims would not terminate the investigation. Policy requires that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and not be determined by any offender status. MDCR may initiate administrative actions against staff during investigations and, based on the outcome of an investigation, may implement disciplinary actions up to termination.

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)

Policy IP-001 clearly requires that the ‘preponderance of evidence’ standard be used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Staff interviewed, including the Investigator, Major, PREA Coordinators, and Facility Supervisor, verified this as the measure they utilize.

Standard 115.73 Reporting to offenders

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

The interviews conducted, policy reviewed (IP-001) and records reviewed all indicate that

offenders are notified of investigation outcomes and that this notification occurs from the investigating agency (SIAB), including when complaints against staff. There have been no substantiated or unsubstantiated complaints against staff in the past 12 months.

DSOP 4-015, Reporting to Inmates, requires that MDCR do the following:

- Inform the inmate as to whether allegations have been substantiated, unsubstantiated, or unfounded.
- Inform the inmate of relevant information from the outside law enforcement agency conducting the initial investigation.
- Inform the inmate of the following if the allegation states he/she has been sexually abused whenever:
 - The alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - The agency learns that the alleged abuser has been convicted on a charged related to sexual abuse within the facility.
 - 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 with the facility; or
 - The agency learns that the staff member has been convicted related to sexual abuse within the facility.

Staff reports that notifications to inmates are made from SIAB by registered letter. During the past year, facility documents indicated that 12 outside investigations of alleged sexual abuse were completed. The facility data submitted reported twice that, of the 12 investigations, 0 offenders have been advised of outcomes. Although this seemed unlikely, this standard appeared non-compliant. Since the on-site visit, MDCR follow-up data and interviews with the PREA Coordinator and Compliance Manager reflect they are now following their policy; and examples of proper notifications were provided the auditor.

This area is compliant.

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)

Policy DSOP 15-008 specifies that staff are subject to disciplinary sanctions, up to and including termination, for violating sexual abuse or harassment policies and that policy is reaffirmed in staff training and acknowledged in signed documents with throughout the hiring and promotion processes. Disciplinary sanctions for violations related to sexual abuse are required to be commensurate with the circumstances of the acts and all terminations (and 'in-lieu of' resignations) related to sexual abuse are to be reported to local law enforcement and relevant licensing bodies, unless determined to be non-criminal acts. Departure of the staff does not halt the investigative process.

In the past year, no staff have been disciplined or terminated (or resigned prior to termination) for sexual abuse or harassment; there were 5 Unsubstantiated allegations and 0 Substantiated allegations.

MDCR policy is that it "shall conduct administrative investigations. Where appropriate, MDCR shall ensure allegations are referred to outside law enforcement agencies with legal jurisdiction to conduct criminal investigations. Complaints shall be thoroughly investigated until a final disposition is attained. MDCR may initiate administrative actions against staff during investigations, and based on the outcome of an investigation, may implement disciplinary actions, up to termination."

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)

DSOP IP-001 policy clearly designates that sexual abuse of an offender by contract, volunteer or staff member is reported to law enforcement agencies and relevant licensing bodies and such persons will be prohibited from further contact with offenders. Interviews with a contractor reinforced that they are trained in the agency's policy, the stated consequences, as well as related training information on preventing, recognizing, and reporting signs of abuse by others. All contractors and volunteers also receive training on dangers and avoidance of personal relationships with offenders and sign acknowledgements regarding these policies, actions and consequences. There have been no incidents involving volunteer or contractor sexual abuse of an offender for the period since January 2016.

PSD (Personnel) staff verify the accuracy of personal information submitted by applicants for volunteer services and annually conduct a local and national criminal records check of all current volunteers and contractors.

115.78 Disciplinary sanctions for offenders

- 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)

In accordance with the Standard as documented in policy IP-001, and accurately reported during random and supervisor interviews, offenders are subject to discipline if they engage in sexual misconduct. The disciplinary process does consider whether an offender's mental disability or illness contributed to their behavior when determining sanctions, and all sanctions are to be commensurate with the nature of the abuse, offender history and comparable offenses of other offenders. It is noted that a majority proportion of allegations here are directly reflective of the large acute mental health population confined.

The policy clearly defines the ability to hold an offender accountable for sexual contact with staff only upon concluding that staff did not consent to such contact. Senior staff interviews all supported that good faith reports of sexual abuse would not constitute false reporting, again especially considering a population with such a significant number of Mental Health patients. Additionally, there is an agency-wide recognition of differences between coercive and non-coercive offender sexual activity.

The Offender handbook clearly states that all sexual contact with an employee is a crime and is subject to internal administrative charges as well and criminal charges. Additionally, inmates may be disciplined for deliberately abusing the system with known false reporting and efforts to deceive. Staff interviewed, including Mental Health staff, all indicated that in PREA related cases where sanctions would be imposed, offender Mental Health is taken into consideration.

The facility reports that there were 8 administrative findings, and zero criminal findings, of inmate on inmate sexual abuse this past year.

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)

Staff in Classification reported, and records spot-checked supported, that any offender reporting prior victimization is referred to medical₄₁ or Mental Health for further evaluation. The

PREA Coordinator indicated that 8% of intake inmates reported abuse this past year and that 100% of these offenders had been referred. If the offender is a known or potential victim or perpetrator, they are both referred to Mental Health. Information is offered to victims and perpetrators and they automatically require enhanced supervision and are sent to separate housing areas, both types of which are direct-supervision units with staff readily at hand.

While touring the intake area, after observing an offender being classified, staff were interviewed and asked to explain the process. If the screening pursuant to standard 115.41 indicates that a prison offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the offender is referred for a follow-up meeting with a Mental Health practitioner within 14 days of the intake screening. The PREA Coordinator reported 100% compliance with this requirement during the past year. Nurses are assigned to do the initial health screen on all incoming offenders as part of Intake processing, also in accordance with the Settlement Agreement, and this was observed during the tour. There was no SAFE or SANE staff at the facility, but they would be available at the Rape Treatment Center as needed.

The PREA classification reports regarding being victim or predator are strictly controlled and have limited distribution only to those with a specific need to know that information in making management and security decisions. Confidentiality rules and related Miami-Dade mandatory reporting laws are clearly explained to offenders and acknowledged by them in writing.

Any offender disclosing prior sexual abuse while incarcerated or at any other time, whether victim or perpetrator, will be seen by a medical or Mental Health practitioner expeditiously after disclosure. Informed consent is obtained prior to reporting prior victimization of adults which occurred outside the institution setting.

One male offender indicated significant earlier sexual abuse in the home and community and it became apparent during the interview that this offender desired psychological care but he indicated he had been informed that he would have to pay for any psychological services. During the interview, this offender indicated that he informed Intake staff of his past victimization and reported the medical department response was "it was 12 ½ months ago so we consider it not relevant, you can pay for your own therapy." Auditors were unable to verify this account, but auditors at a separate facility encountered the same attitude and approach. The Acting Director and PREA coordinator indicated this would be reviewed and addressed.

Upon interview of medical staff and review of policy, it is evident that information related to sexual victimization or abusiveness occurring in the institutional setting would be strictly limited to those staff required to provide appropriate care and programs/housing assignments. Extensive Mental Health Services are provided through Miami-Dade correctional facilities, especially at TGK, but offenders with even significantly higher needs would likely be refused admission into TGK and be transferred by medical staff on board to Jackson Memorial Hospital rather than remaining in MDCR.

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)

Offender victims of sexual abuse do receive timely, unimpeded access to emergency medical treatment and crisis intervention services. DSOP 15-008/ IP-001 makes clear that the nature and scope of a victim's access to emergency medical and Mental Health services will be determined by medical/Mental Health practitioners according to their professional judgment, and health care staff ensures that the offender is referred to the County-owned Jackson Memorial Hospital in order to be evaluated and/or treated for the alleged sexual assault in accordance with the Hospital standard operating procedures. The Roxcy Bolton Rape Treatment Center is located at Jackson Memorial Hospital.

If there is a severe emergency, protocol allows for transport to a closer hospital with probable transfer to Jackson Memorial Hospital after stabilization. Additionally, if needed, there is a correctional ward at Jackson Memorial, Ward D, and staffed by correctional staff from MDCR. The medical policy on first responders mirrors national PREA standards and governs both security and non-security staff who respond to crises in the facility. They have been trained on responding specifically to PREA allegations.

Offender victims of sexual abuse are offered information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professional standards of care and when medically appropriate. DSOP 15-008, IP-001, and the SART Protocol Manual state that services, including forensic medical examinations and Mental Health counseling, are provided to every victim without financial cost.

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)

The facility offers medical and Mental Health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or youth facility, as specified in DSOP 15-008. The evaluation and treatment of such victims includes,

as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody into a hospital setting. Medical/Mental Health staff interviews reported that emergency services, follow-up treatment, and counseling are provided. The prison does conduct a Mental Health evaluation of all known offender-on-offender abusers and offers treatment when deemed appropriate by Mental Health providers.

The inmate Handbook does not list ongoing PREA-related medical charges as an area exempt from inmate's having to pay for them, although several policies indicate that the actual crisis and emergency PREA treatments are exempt from charges. As noted earlier, the Acting Director and PREA coordinator indicated this would be reviewed and addressed but this PREA standard is compliant.

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)

DSOP 15-008 requires a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including those where the allegation has not been substantiated; and no review is required if the allegation has been determined to be unfounded. Based upon information submitted and interviews with supervisory staff and the PREA Coordinator, incident reviews are routinely being done at the conclusion of sexual assault investigations; and the facility reports that 7 criminal or administrative investigations were completed last year that resulted in Incident Reviews, all within 30 days and most significantly sooner. The review team includes the upper-level management officials, to include the Facility Supervisor and PREA Coordinator, with input from line supervisors, investigators and medical or Mental Health practitioners.

Senior leaders interviewed confirmed familiarity with policy requirements and considerations that must be reviewed in compliance with the standard, and that those do include:

- Whether the allegation or investigation indicates a need to change Policy or practice to better prevent, detect, or respond to sexual abuse
- Whether the incident was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility
- Examining the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assessing the adequacy of staffing levels in that area during different shifts

- Assessing whether monitoring technology should be deployed or augmented to supplement supervision by staff
- Preparing findings, including determinations made and recommendations for improvement to submit to the facility head and PREA Coordinator

MDCR reviews all incidents and Mental Health staff are an integral part of the review since the majority of allegations arise in the acute mental health units.

MDCR also uses the Early Warning System (EWS) which collects data from the Administrative Investigation Management (AIM) system, the Incident Self-Audit System (ISAS), and other related information obtained by SIAB investigations to track, analyze, report trends, and implement plans of action to address allegations of staff misconduct. Incidents are also reviewed, per DSOP 4-018, by the Senior Management Board, comprised of the Director, Assistant Directors, and Division Chiefs.

The Senior Management Board meets quarterly to review and identify potential patterns or trends resulting in harm to inmates in the areas of supervision, staffing, incident reporting, investigations, classification, grievances, etc. The review includes summaries on Prison Rape Elimination Act (PREA). The Sexual Assault Response Team (SART) Coordinating Committee monitors compliance with PREA standards and MDCR policies related to sexual abuse.

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)

Based on interviews with PREA Coordinator and staff from both Agency and facility levels, and

policy requirements listed, all MDCR facilities, including TGK, collect accurate, uniform data for every allegation of sexual abuse using the standardized instrument and set of definitions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The MDCR maintains, reviews, collects, aggregates and provides all incident-based sexual abuse data to the Department of Justice by June 30th annually. The agency also obtains incident-based and aggregated that includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Division of Justice.

The agency, on request, provides all data from the previous calendar year to the DOJ no later than June 30.

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)

Senior staff and PREA Coordinator interviews and PREA Policy DSOP 15-008 state the annual report is generated as required and has the essential elements of the standard. MDCR policy requires the review of aggregated data to assess and improve its abuse prevention, detection and response policies and training. A report is prepared annually, compares the current and prior year data, and is submitted to the MDCR for inclusion in the annual reporting and publishing. The PREA Coordinator indicated having prepared the report that was reviewed during the on-site audit. Redacted data areas are identified but are essentially limited to Personally Identifiable Information. The website is: www.miamidade.gov/corrections

In addition to utilizing the data for the required review for potential corrective action, MDCR has an extensive array of other data collection, reviews and analyses in its portfolio:

The Early Warning System (EWS) collects data from the Administrative Investigation Management (AIM) system, the Incident Self-Audit System (ISAS), and related information obtained by SIAB investigations to track, analyze, report trends, and implement plans of action to address allegations of staff misconduct. Data is also routinely reviewed by the Senior Management Board, comprised of the Director; Assistant Directors; and Division Chiefs.

Trend Analysis and Action Planning (TAAP): TAAP supports committees, collects and analyzes data, and initiates/evaluates action plans; and serves as liaison between MDCR Committees and the Senior Management Board. The TAAP Unit conducts quarterly sessions in conjunction with the Senior Management Board, to review findings, ensure accountability, identify notable trends and Initiate Analysis/Corrective Action Plans.

The Facility/Bureau Supervisor, Chaplains, and Correctional Counselors also coordinate the review of all volunteer programs annually. Information from these assessments are used to determine program planning and continuation and are included in the MDCR annual review.

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)

DSOP 5-007 and IP-001 require that all records concerning claims of sexual abuse, to include

incident reports, investigative reports, offender information, case disposition, medical and counseling data and recommendations are securely retained for a minimum of 5 years following the release or termination of the inmate or staff member. SIAB retains all documentations in accordance with the State of Florida General Records Schedule GS2 for Correctional Facilities. The provided documentation shows that all aggregated sexual abuse data under the Miami-Dade Department of Corrections is made readily available to the public at least annually through the agency website, following the removal of all personal identifiers.

William Peck, Auditor

February 19, 2018

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PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: February 23,2018

Auditor Information			
Auditor name: Michael Radon			
Address: P.O. Box 892 Bondsville, MA 01009			
Email: michaelradon@yahoo.com			
Telephone number: 413-250-7778			
Date of facility visit: July 10 – 12, 2017			
Facility Information			
Facility name: Metro West Detention Center			
Facility physical address: 13850 NW 41 st Street, Miami, Florida 33178			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 786-263-5110			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Angela F. Lawrence			
Number of staff assigned to the facility in the last 12 months: 27			
Designed facility capacity: 2984			
Current population of facility: 2125			
Facility security levels/inmate custody levels: Minimum/Medium/Maximum			
Age range of the population: 18 – 55+			
Name of PREA Compliance Manager: Jan Smith		Title: Lieutenant	
Email address: Jan.Smith@miamidade.gov		Telephone number: 786-5-263-5117	
Agency Information			
Name of agency: Miami-Dade Corrections and Rehabilitation Department			
Governing authority or parent agency: <i>(if applicable)</i> Miami-Dade County			
Physical address: 2525 NW 62 nd Street, Miami, Florida 33147			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 786-263-6000			
Agency Chief Executive Officer			
Name: Daniel Junior		Title: Interim Director	
Email address: Daniel.Junior@miamidade.gov		Telephone number: 786-263-6019	
Agency-Wide PREA Coordinator			
Name: Melissa Rodriguez		Title: Captain	
Email address: Melissa.Rodriguez@miamidade.gov		Telephone number: 786-263-6319	

AUDIT FINDINGS

NARRATIVE

The Miami-Dade Corrections and Rehabilitation Department in conjunction with the American Correctional Association (ACA) scheduled a Prison Rape Elimination Act (PREA) audit for the Metro West Detention Center, 13850 NW 41st Street, Miami, Florida. The date of the audit visit was July 10th through July 12th, 2017. Michael Radon Certified PREA Auditor was notified in March of 2017. This assignment was for a dual team audit of which I served as lead auditor.

The audit process started with contacts between the ACA auditor, the Miami-Dade Corrections and Rehabilitation Department, PREA Coordinators Office; Point of contact person was Melissa Rodriguez, Agency Wide PREA Coordinator. This audit of the Metro West Detention Center was a recertification.

Facility information was sent to the PREA auditor via USB thumb drive, contained was the necessary audit information: PREA policies, pre-audit questionnaire (PAQ) and 43 standard folders with policy, procedures and secondary documentation. The PREA resource audit instrument for audit prison and jails furnished by the National PREA Resource Center was used for this audit. In summary, there are seven (7) sections including : The PAQ, the audit compliance tool, instructions for audit tour, interview protocols, auditor summary, facility map, and checklist of documentation.

Following the protocols, including posting of notices and making contacts, the auditor began reviewing the materials forwarded in the weeks prior to the audit. Beginning with the questionnaire and all other information related to the upcoming audit on the thumb drive.

Upon arrival to the Metro West Detention Center the PREA auditor(s) were met by facility staff.

Monday morning, July 10th, an initial meeting took place at the facility where the PREA audit team explained the audit process and schedule. Also at that time, all interviews were reviewed and scheduled times were discussed. At this time the PREA audit team explained to the group that they were there to observe and assess all areas of the facility in order to verify compliance with the 43 PREA standards. The auditors focus would include how well inmates are supervised, security procedures and use of technology. In addition, emphasis would be placed on intake, reception, screening areas, housing, healthcare, recreation and any other location on the grounds of the facility.

The tour began at approximately 9:00 a.m. and continued to noon time. The tour consisted of all facility buildings and structures on the grounds. These included offender housing, kitchen, administration area, and all program services.

On Tuesday morning, July 11th, the second part of the audit included a line by line review of the Pre-Audit Questionnaire (PAQ). The auditors reviewed all compliance and non-applicable findings in the PAQ and discussed any questions and discrepancies. After this review the interview process began and continued throughout the audit. Interviews conducted included Administrative Staff, Investigative Staff, Specialized Staff including Clinical and Medical Personnel, also included were First Responders and Correctional Officers.

Inmate interviews included thirty-six (36) randomly selected inmates, disabled inmates, and self-disclosed inmates including transgender inmates. There was one (1) inmate letter received prior to the site visit, this inmate alleged that he was being sexually harassed by inmates and that staff were unresponsive to his needs. This inmate was interviewed by the audit team at which time he disclosed that he was gay and had not only been harassed but had in fact been sexually assaulted (anal penetration) five (5) weeks prior to the interview. The administration was notified immediately including medical, mental health, outside advocates, law enforcement and SAFE/SANE nurses. All of the PREA protocols were observed by the audit team except for any evidence collection. After the inmate was interviewed and screened by medical and mental health and interviewed by Miami-Dade Police this inmate refused any further intervention by Metro West Detention Center.

Audit process review with all PREA related standards were audited for compliance.

On Wednesday morning, July 12th the audit team met with administrative staff for an out-briefing and discussion of preliminary observations and their assessment of the audit.

In conclusion, during the audit process there were numerous minor deficiencies that were corrected while the audit team was on-site. An example of some corrections were facility issues viewing areas covered with notifications, cameras not being aligned correctly, there was also incorrect information submitted to the team on the PAQ, and the risk screening instrument being incomplete but in place at the time of the audit. Some of the corrective action findings have been corrected to meet compliance with standards. However, the corrective action tally is accurate for the audit time period.

It is this writers opinion that the numerous inconsistencies were indicative of superficial implementation of the PREA standards and its ongoing compliance in the next audit cycle.

The audit team leader received the "corrective action" documentation in February 2018 all documents were reviewed which included action documentation demostrating compliance with 6 non compliant standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The physical address of the Metro West Detention Center (MWDC) is 13850 NW 41st Street, Miami, Florida. The physical plant which is three (3) stories high is located on approximately twelve (12) acres and is a minimum/medium/maximum security level/inmate custody level facility. MWDC houses male and female inmates with an age range population of 18 years to 55+ years of age.

In 1991 the original structures at Metro West Detention Center were torn down when the newly constructed 1,002 bed facility was opened on the Northern half of the property. Construction continued and a 1,230 bed addition was completed over the old facility site in 1994.

As of this writing, MWDC's population consists of both sentenced and unsentenced male and female felon inmates housed in direct supervision designed housing units. With inmate classification levels ranging from minimum to maximum security, allows the inclusion of two (2) Special Management Units (SMU North and SMU South) with classification levels ranging from I through IV.

MWDC has thirty-six (36) direct supervision dormitories capable of housing up to eighty-four (84) inmates per unit. SMU North can house up to forty-two (42) inmates, and SMU South can house up to thirty (30) inmates. Female inmates currently occupy the North SMU and male inmates occupy the South SMU.

The mental health population (Level 3) are located on the second floor in 'A' Wing, 'B' Wing and unit MW2D4 (females). All female inmates are housed on the second floor in 2 Delta Wing or SMU North for those in close supervision. The mental health (Level 3) average population is 395.

Metro West Detention Center houses both male and female patients. The patient behavioral levels housed there include Levels III and IV. Services provided there include the following: Medication administration, Laboratory services, Medical provider visits (which include Chronic Care and Clinic visits), Emergent Care (provided by nursing and providers), Psychiatric Visits (scheduled and emergent visits to the Psychiatrist), Psychologist visits, Social Worker visits (both one-on-one therapy and group therapy sessions and discharge planning), Radiology services, Dental services, and Emergent Tele-Psychiatry service. MWDC has a Corrections Health Services Onsite Clinic available with nursing care 24 hours a day, Sunday – Friday from 8:00 a.m. to 4:30 p.m. for inmates medical purposes. The MWDC assisted daily living units provide coverage by a medical assistant seven (7) days a week and has a total of forty-two (42) beds. Radiology services are provided Monday – Friday from 8:00 a.m. to 4:30 p.m. Basic laboratory services are provided seven (7) days a week. Basic dental services are also provided Monday – Friday from 8:00 a.m. – 4:30 p.m. The outside medical facility for health services is the Jackson Health System's Jackson Memorial Hospital. Forensic sexual assault medical exams are conducted at the Roxcy Bolton Rape Treatment Center.

Inmates housed in general population and in administrative confinement are afforded at least one (1) hour of outdoor exercise three (3) times weekly; weather permitting. Inmates housed in the Mental Health units receive one (1) hour of outdoor exercise three to five (3-5) times weekly. Each SMU has its' own recreation yard. There are a total of three (3) large recreation yards located outside of the facility for the general population, mental health, and female population.

The Central Control Booth is considered the nerve center of the Metro West Detention Center. Staff that are assigned to this post can monitor, convey, control and activate the ingress/egress, communications, security system, and emergency systems at this facility. Presently there are three hundred (300) interior and thirty-two (32) exterior security cameras throughout MWDC.

Mission Statement is as follows: We serve our community by providing safe, secure and humane detention of individuals in our custody while preparing them for a successful return to the community.

SUMMARY OF AUDIT FINDINGS

The recertification audit for Metro West Detention Center provides a base line that meets compliance for thirty-five (35) standards. There were two (2) standards considered non-applicable and six (6) standards needing corrective action.

It is this writers opinion that the facility needs to focus its' efforts on over all PREA implementation. This was made evident during the audit process where minor infractions were being corrected at the time of the audit, many of these corrections were being addressed during the audit itself. One possible thought of this activity during the audit was that the facilities commitment to correct deficiencies and use the audit process as a mechanism to achieve compliance, the other thought is the superficiality and the lack of focus in preparation for this audit.

It is recommended that a revisit to the facility upon completion of the one hundred eighty (180) day corrective action time period take place to verify on-going compliance with standards.

The facility provided all the necessary documentation and evidence of change of practice to comply with all corrective action necessary for full compliance and a final report.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

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.

115.11(a) -1 & 2 IP-001

It is the policy of the Miami-Dade Corrections and Rehabilitation Department (MDCR) and Corrections Health Services (CHS) to provide a safe and secure environment free from sexual battery/abuse/harassment. Pursuant to the Prison Rape Elimination Act of 2003 (PREA) and Florida Statutes (FS) 944.35 and 951.221, a zero tolerance policy for sexual activity is established. Any form of sexual misconduct between staff, contractors, or volunteers involving an inmate/patient shall be considered non-consensual, an abuse of authority, and is a violation of Florida Statutes.

PREVENTION

MDCR and CHS have established procedures to prevent, detect, and investigate all allegations of sexual battery/abuse/harassment to include:

TRAINING

Staff, contractors, and volunteers with inmate/patient contact shall be trained and/or receive educational information on prevention and detection of sexual battery/abuse/harassment. The training shall be conducted upon new employee orientation, policy updates, and annually. Copies of the sign-off sheets or electronic verification documenting the training shall be forwarded to the Training Bureau. Refer to the Training Requirements for specific training topics.

The OMS Officer shall receive training on how to complete the Victim and/or Predator Screening Instrument.

CHS medical and mental health care staff who work regularly in the facilities are trained on the following:

- A. How to prevent, detect, and assess signs of sexual abuse/harassment;
- B. How to preserve evidence;
- C. How to respond professionally to victims of sexual abuse/harassment;
- D. How and when to report allegations or suspicions of sexual abuse/harassment.

CHS shall document completion of the training through employee's signature or electronic verification.

115.11 (a) -1 & 2 DSOP 15-008

It is the policy of the Miami-Dade Corrections and Rehabilitation Department (MDCR) to comply with the provisions set forth in the Prison Rape Elimination Act (PREA). MDCR has established a zero Tolerance" policy for sexual misconduct for incidents involving inmate-on-inmate sexual violence and staff sexual misconduct/harassment towards inmates, regardless of consensual status. MDCR considers any form of sexual misconduct by staff an abuse of power. This Departmental Standard Operating Procedure (DSOP) addresses the prevention, intervention, treatment, investigation, tracking and reporting of inmate-on-inmate sexual assault/battery and staff sexual misconduct/harassment.

A. TRAINING

MDCR staff, contractors or volunteers, who have access to inmates, shall be provided training and/or education information on inmate-on-inmate sexual violence and staff sexual misconduct/harassment awareness through classroom training, brochures, handouts, inmate handbooks, videos, online forums or in educational workbooks upon hiring and on an annual basis. All training shall be provided in a format based upon the level of contact and training requirements stipulated by PREA. Copies of the sign-off sheet(s) or electronic verification used to document staff training shall be forwarded to the Training Bureau. The training shall include, but not be limited to:

- 1. Staff Training Requirements
 - a. MDCR Zero Tolerance policy;
 - b. Staffs responsibilities to prevent, detect, report, and respond to sexual violence and staff sexual misconduct/ harassment;
 - c. The inmates right to be free from sexual violence, staff sexual misconduct/harassment;
 - d. The dynamics of sexual violence in a confinement setting;
 - e. Recognizing and responding to the physical, behavioral and emotional signs of sexual abuse, sexual assault/battery;
 - f. How to avoid inappropriate relationships with inmates;
 - g. How to communicate effectively and appropriately with inmates, including lesbian, gay, bi-sexual, transgender, and intersex inmates (LGBT I)

- h. MDCR frisk/strip search procedures for cross gender, LGBTI, and identified victims of sexual violence;
- i. Disciplinary sanctions/criminal prosecution;
- j. Staff ethics;
- k. Applicable federal, state and local laws.
- 2. Investigator Training Requirements
 - a. Techniques for interviewing victims of sexual violence;
 - b. Proper use of Miranda and Garrity warnings;
 - c. Evidence collection in confinement settings;
 - d. Criteria and evidence required to substantiate administrative action; and
 - e. Criteria and evidence required to refer criminal behavior for prosecution.
- 3. Medical and Mental Health Staff Training Requirements
 - a. How to assess signs of sexual violence;
 - b. How to preserve physical evidence of sexual violence;
 - c. How to respond to victims of sexual violence; and
 - d. How to report allegations and suspicions of sexual violence.
- 4. Volunteer and Contractors Training Requirements
 - a. MDCR zero tolerance policy and procedures for prevention, detection, and response to sexual violence and staff sexual misconduct/ harassment;
 - b. 1 The responsibilities of volunteers and contractors under MDCR policies and procedures; and
 - c. How to report incidents of suspicion of sexual violence or staff sexual misconduct/ harassment.
- 5. Inmates Training Requirements MDCR Zero Tolerance policy regarding their right to be free from all forms of sexual violence and sexual harassment.

115.11 (b) MDCR Table of Organization 2016-17
 115.11 PREA Compliance Managers (Support Document)

Auditors Response

The agency does have a documented written policy which includes sexual abuse and sexual harassment. This policy outlines the zero tolerance approach for the specific interventions including preventing, detecting and responding to sexual abuse and sexual harassment. In addition, the policy defines prohibited behaviors, sanctions, and the agency's planned response to reduce and prevent sexual abuse. The agency has a designated PREA Coordinator and the facility has an assigned PREA Compliance Manager.

115.11 (c) It is this writer's opinion that the PREA Compliance Manager does not have sufficient time for the implementation of PREA standards at the facility. This determination is based on staff interviews, compliance manager interview and the lack of substance of the existing training and how it is received. Specifically, it was observed and reported that facility staff engaged in the online training program while supervising inmates.

All practices and procedures identified as needing corrective action was submitted to achieve compliance with this standard.

Corrective Action

1. Review both job descriptions, PREA Compliance Manager and PREA Compliance Coordinator with actual work time allocated to PREA compliance.

PRISON RAPE ELIMINATION ACT (PREA) COORDINATOR

The CIAB XO also serves as the MDCR PREA Coordinator. The PREA Coordinator is charged with developing, implementing, and overseeing MDCR efforts to comply with the PREA standards. The PREA Coordinator shall collect accurate, uniformed data for every allegation of sexual abuse at facilities/entities using a standardized Instrument and set of definitions required for complying with the United States Department of Justice, Bureau of Justice Statistics.

The MDCR PREA Coordinator's Responsibilities include, but are not limited to:

1. Touring facilities to question staff and inmates regarding PREA information.
2. Convening the Sexual Assault Response Team (SART) Coordinating Committee a minimum of six times per year.
3. Convening the inmate PREA Designation Review meeting once every two monthly.
4. Ensuring facility SARTs meet once per month.
5. Ensuring facility SARTs meet within 72 hours of each reported incident
6. Developing procedures for preventing, responding to, and documenting sexual violence.
7. Ensuring regular reviews of MDCR PREA policies and practices.
8. Convening regular SART Coordinating committee meetings.
9. Overseeing facility SARTs, including specialized training for SART members.
10. Collaborating with the Training Bureau to ensure the content of the training for all categories (inmates, staff, volunteers) meets PREA standards, e.g. reviewing lesson plans/training content, and observe training.
11. Collecting evaluations and feedback from all categories of individuals trained (staff, inmates, volunteers).
12. Teaching training classes for new officers, Lateral Officers, new Correctional Technicians, and existing staff attending in-service training.

13. Collaborating with relevant agencies and ensuring that MOUs and contracts with outside agencies are compliant with MDCR policies and PREA standards.
14. Ensuring certified PREA auditors conduct compliance audits for each facility every three years.
15. Collecting, reviewing, and storing all data concerning incidents of sexual abuse and sexual harassment.
16. Collecting and storing monthly PREA memorandums from each facility every month.
17. Ensuring a Protection from Retaliation form for each monitoring period is completed by the PREA Compliance Manager (PCM).
18. Collecting, maintaining, and reporting sexual battery/abuse/harassment data to the Bureau of Justice Statistics (BJS).
19. Preparing a status report of the previous calendar year for submission to the Director annually.
20. Monitoring data to assess and improve sexual abuse prevention, detection, and response policies, practices, training;
21. Attending monthly meetings with MDPD (SVB) and SIAB to follow up the status of open cases;
22. Participating in quarterly meetings with SIAB to determine dispositions of all closed IA investigations
23. Conducting periodic and/or unannounced inspections to ensure compliance with PREA standards at all facilities.
24. Participating in all transgender review meetings.

The following documentation was submitted as evidence of compliance.

MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT

Compliance, Inspections and Auditing Bureau P.O. Number CIAB 17-011

SUBJECT: PREA Compliance Manager

EFFECTIVE DATE: November 15, 2017

SUPERSEDES: NEW

I. RESPONSIBILITIES

The Compliance, Inspections, and Auditing Bureau (CIAB) has established a Prison Rape Elimination Act (PREA) Compliance Manager to be responsible for each Miami-Dade Corrections and Rehabilitation (MDCR) facility. Each PCM must be a MDCR Correctional Lieutenant/Sergeant. The primary responsibilities of the PCM's are to ensure compliance with PREA standards and to assist with investigating incidents of inmate violence.

II. PROCEDURES

The PREA Compliance Manager's responsibilities include but are not limited to the following:

A. PRISON RAPE ELIMINATION ACT (PREA)

The PCM is charged with overseeing their assigned facilities efforts to comply with the PREA standards.

The MDCR PREA Coordinator's Responsibilities include, but are not limited to:

1. Conducting weekly unannounced inspections to each area of the facility to ensure compliance with PREA standards;
2. Conducting a monthly audit of each area of the facility;
3. Conducting 30 day review interviews;
4. Providing inmates with closed SIAB cases with the close out memorandum;
5. Obtaining inmate signatures on the SIAB close out memorandum and archiving the signed document;
6. Attending the Sexual Assault Response Team (SART) Coordinating Committee meetings;
7. Attending the inmate PREA Designation Review meeting;
8. Convening monthly facility SART meetings;
9. Convening facility SART meetings within 72 hours of each reported incident;
10. Ensuring regular reviews of Standard Operating Procedures (SOP) and practices;
11. Ensuring that all MDCR staff, volunteers, and contractors receive training appropriate to their job functions as required by MDCR policy and PREA standards;
12. Completing and submitting monthly PREA memorandums to the PREA coordinator;
13. Completing and archiving a Protection from Retaliation form for each inmate, every monitoring period;
14. Monitoring data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training needs.
15. Ensuring inmates are receiving PREA Education;
16. Ensuring all facility staff:
 - a. Complete PREA training; and
 - b. Understand and comply with PREA standards and IP-001;
17. Assigning Area Supervisor's to conduct PREA Re-assessment interviews
18. Ensuring Area Supervisor's complete MDCR incident reports after:
 - a. PREA Re-assessment interviews are conducted;
 - b. An inmate is identified at risk of becoming a victim or of committing sexual battery/abuse.
19. Ensure at-risk inmate/patient is taken to the clinic for an assessment, as necessary;
20. Notify the IRB Classification Unit to determine if a re-classification and housing reassignment are necessary for the identified at risk inmate/patient;
21. Follow-up with the inmate/patient to address any concern raised during the PREA reassessment interview;
22. Scan and email all PREA Re-assessment incident report numbers to designated Classification Unit staff.

B. INVESTIGATING INCIDENTS

The PCM shall assist with the investigation of Response to Resistance incidents and inmate battery incidents as follows:

1. Monitoring and reviewing incident reports to identify if a cause can be determined;
2. Interviewing inmates when no cause is identified to determine a cause;
3. Performing other tasks and special assignments, as directed;

III. TOUR OF DUTY

All PCMs are assigned to work a variable shift.

IV. UNIFORM

The PCMs primary uniform shall be the MDCR Class B uniform in accordance with DSOP 6-017 "Employee Appearance Standards."

2. Review staff training procedures and implement additional training offerings regarding PREA. Cross Gender and Transgender Pat Search Video
<https://vimeo.com/183649668>

Miami-Dade County Corrections & Rehabilitation Department
 TRAINING BUREAU

Cross Gender and Transgender Pat Search PRE-TEST

1

Name: _____ Employee ID #: _____ Date: _____ Score: _____

Last First

1. A Cross Gender pat search is a search performed by:

- A. Staff who is the opposite gender of the inmate and hands are used
- B. Staff who is the same gender of the inmate and hands are used
- C. Staff who is the opposite gender of the inmate and a visual inspection is conducted
- D. Staff who is the same gender of the inmate and a visual inspection is conducted

2. Exigent circumstances includes:

- A. Temporary, unforeseen circumstances
- B. Circumstances that require immediate action
- C. Combats a threat to the security or institutional order of the facility
- D. All of the above

3. Trauma is psychological or physical harm that results from an event, a series of events or set of circumstances experienced by an individual as physically or emotionally harmful or threatening and that has lasting, adverse effects on the individuals functioning and physical, social, emotional or spiritual wellbeing.

- A. True
- B. False

4. The PREA standards require a ban on cross-gender pat-down searches of female inmates, absent exigent circumstances.

- A. True
- B. False

5. What steps can you take to maintain your safety during the pat search process?

- A. Pay attention to the inmate's body language and verbal cues
- B. Communicate clearly
- C. Stand at a 45 degree angle behind the inmate
- D. All of the above

6. "Gender identity" is a person's internal, deeply felt sense of being male or female. It does not indicate sexual preference.

- A. True
- B. False

Miami-Dade County Corrections & Rehabilitation Department
 TRAINING BUREAU

Cross Gender and Transgender Pat Search PRE-TEST

7. Ways to reduce trauma during pat searches include all except?

- A. Communicate clearly what you are going to do
- B. Advise that they will be released soon after the pat search is completed
- C. Advise when you are approaching to conduct the search
- D. Inform on what side of the body you will be starting the search

8. A pat search can be conducted on a Juvenile of the opposite sex on a routine basis:

- A. True
- B. False

9. How many quadrants are there in a pat search?

- A. Two quadrants
- B. Four quadrants
- C. Three quadrants
- D. Eight quadrants

10. According to PREA, in an adult prison and jail, female staff can search only female inmates.

- A. True
- B. False

-The End-

3) What method should be used for the pat search?

7) Pat searches should be? (Which answer Does Not Belong?)

9) during a pat search, after putting your free hand up to protect from spitting, what step should you take next?

Miami-Dade County Corrections & Rehabilitation Department
TRAINING BUREAU

Cross Gender and Transgender Pat Search POST-TEST

1

Name: _____ Employee ID #: _____ Date: _____ Score: _____

Last First

1. A Cross Gender pat search is a search performed by:

- A. Staff who is the opposite gender of the inmate and hands are used
- B. Staff who is the same gender of the inmate and hands are used
- C. Staff who is the opposite gender of the inmate and a visual inspection is conducted
- D. Staff who is the same gender of the inmate and a visual inspection is conducted

2. Exigent circumstances includes:

- A. Temporary, unforeseen circumstances
- B. Circumstances that require immediate action
- C. Combats a threat to the security or institutional order of the facility
- D. All of the above

3. Trauma is psychological or physical harm that results from an event, a series of events or set of circumstances experienced by an individual as physically or emotionally harmful or threatening and that has lasting, adverse effects on the individuals functioning and physical, social, emotional or spiritual wellbeing.

- A. True
- B. False

4. The PREA standards require a ban on cross-gender pat-down searches of female inmates, absent exigent circumstances.

- A. True
- B. False

5. What steps can you take to maintain your safety during the pat search process?

- A. Pay attention to the inmate's body language and verbal cues
- B. Communicate clearly
- C. Stand at a 45 degree angle behind the inmate
- D. All of the above

6. "Gender identity" is a person's internal, deeply felt sense of being male or female. It does not indicate sexual preference.

- A. True
- B. False

Miami-Dade County Corrections & Rehabilitation Department
TRAINING BUREAU

Cross Gender and Transgender Pat Search POST-TEST

7. Ways to reduce trauma during pat searches include all except?

- A. Communicate clearly what you are going to do
- B. Advise that they will be released soon after the pat search is completed

- C. Advise when you are approaching to conduct the search
 - D. Inform on what side of the body you will be starting the search
- 8. A pat search can be conducted on a Juvenile of the opposite sex on a routine basis:**

- A. True
 - B. False
- 9. How many quadrants are there in a pat search?**
- A. Two quadrants
 - B. Four quadrants
 - C. Three quadrants
 - D. Eight quadrants

10. According to PREA, in an adult prison and jail, female staff can search only female inmates.

- A. True
- B. False

-The End-

- 3) What method should be used for the pat search? Press and Release
- 7) Pat searches should be? (Which answer Does Not Belong?) Complete as quickly as possible
- 9) during a pat search, after putting your free hand up to protect from spitting, what step should you take next? Instruct inmate to turn his head to the left to expose his nasal passage.

NIC Transgender Pat Search Training Report

PREA Training Note #TN06-2017_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.

N/A

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.

115.13 (a) -1 DSOP 6-030

This Departmental Standard Operating Procedure (DSOP) describes procedures that shall be used to conduct regular reviews of sufficient staffing requirements within each facility/bureau/entity annually, to ensure applicable staffing needs are addressed. There shall be sufficient staffing to ensure MDCR staff are posted within sight or hearing distance of inmates and can respond promptly to calls for help.

Each Facility/Bureau Supervisor and his/her respective chain of command, in coordination with staff designated by the Office of the Director, shall make an assessment of staffing needs prior to the shift bid process. Designated staff shall meet with each Facility/ Bureau Supervisor and his/her respective chain of command to address departmental staffing needs prior to the announcement of available positions for the bid rotation before it is posted as stipulated in DSOP 6-008 "Personnel Assignment Plan Facility and Shift Bid System." Any recommended revisions for staffing changes shall require the approval of the Facility/Bureau Supervisor and his/her chain of command.

115.13 (d) -1 IP-001

The Shift Supervisor shall conduct unannounced rounds and physically enter every housing area more than once per week to identify and deter staff sexual battery/abuse/harassment. Staff shall not alert others that such rounds are being conducted. Staff alerting others regarding unannounced rounds shall be subject to discipline. Rounds shall be documented in the Red Log Book. Rounds for the purpose of meeting this requirement may be part of general rounds conducted by the Shift Supervisor.

115.13 (b) -1 2016 MWDC Housing Criteria

115.13 (b) -1 2017 MWDC Housing Criteria

115.13 (a, b, c) -1 MDCR's Staffing Analysis-180 Days. March 2016

115.13 (D2) MWDC Red Log Books

Auditors Response

The staffing plan was reviewed during this audit and was determined to have adequate levels. The facility also utilizes a control center with video monitoring to support its efforts for better supervision. During this audit period the staffing plan was reviewed with the PREA coordinator to utilize facility resources for increased supervision and monitoring. Unannounced rounds were also documented and were conducted on all shifts.

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.

N/A

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.

115.15 (a) (e) -1 DSOP 11 022

1. Sworn male staff shall not frisk search female inmates. The only exception is if a clear and immediate threat to safety and/or security exists, and as approved by a supervisor. In all cases, the applicable staff shall generate a MDCR Incident Report.

2. Sworn female staff may frisk search male inmates when practicable.

The strip searching of an inmate shall be performed by sworn staff of the same gender as the inmate. Additionally, in order to provide maximum privacy, inmates shall be strip searched one at a time. The sworn staff conducting the strip search shall require the inmate to remove all of his/her clothing.

Same Gender Strip Search

An inmate shall be strip searched by sworn staff of the same gender as the inmate. Additionally, the following guidelines shall be used:

- a. Sworn male staff shall not strip search female inmates. The only exception is if a clear and immediate threat to safety and/or security exists, and as approved by a supervisor. In all cases, the applicable staff shall generate a MDCR Incident Report.
- b. Sworn female staff shall not strip search male inmates. The only exception is if a clear and immediate threat to safety and/or security exists, and as approved by a supervisor. In all cases, the applicable staff shall generate a MDCR Incident Report.

At no time will a sworn staff frisk or strip search an inmate to determine the inmate's sex.

115.15 (f) -1

Conduct cross-gender pat-down searches, and searches of transgender and transsexual inmates in a professional and respectful way, and in the least intrusive manner possible, while still applying officer safety.

115.15 (f) -1 PREA Lesson Plan

115.15 (Supporting document) MWDC Limited Cross Gender Viewing Memo

Auditors Response

The audit team reviewed the facilities policies on searches. The facility does not conduct cross-gender strip searches including body cavity searches. Review of secondary documentation demonstrated adherence to the lack of these searches. In addition, during the facility tour interviews with inmates and correctional staff, inmates are provided with the privacy necessary to shower, change clothing, and perform bodily functions in privacy.

During the facility tour opposite gender staff made the required announcements in the dormitory living areas upon entry.

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.

115.16 (a) -1 IP-001

All inmates/patients shall receive an orientation that addresses MDCR's zero tolerance for sexual battery/abuse/harassment. The Classification Officer shall provide the orientation within 72 hours after intake unless exigent circumstances exist, e.g., inmates/patients requiring detox. Inmates/patients shall:

1. View a video presentation on how to report incidents or suspicions of sexual battery/abuse/harassment, and the right to be free from retaliation for reporting such incidents;
2. Receive the Sexual Battery/Abuse/Harassment Awareness Pamphlet;
3. Be provided with communication assistance in accordance with DSOP 12-007 "Americans with Disabilities Act- Inmates and Visitors" and DSOP 17-005 "Limited English Proficiency".

115.16 (a) (c) -1 DSOP 17-005

Visitors/Other Inmates

Visitors, other inmates, family members, friends, bystanders, and children shall not be used for interpretation or translation; except temporarily in unforeseen, emergency circumstances while awaiting professional interpretation or bilingual staff.

TRANSLATOR/INTERPRETER ROLE

MDCR staff shall utilize a translator/interpreter in his/her official capacity, e.g., a professional responsible for providing language assistance services. MDCR staff shall not ask opinions of the interpreter/translator, and shall not request or ask an Interpreter/translator to take on any other role(s) that may conflict with his/her function as a professional responsible for providing language assistance services.

In addition, an interpreter does not make language proficiency assessments to determine the level of English an inmate may understand or speak. When working with LEP inmates through translators/interpreters, the same procedures prescribed by law for English speaking persons regarding privacy and confidentiality shall apply.

115.16 (a) -1 Contract No. FB-00049 Professional Interpreting & Translation Services

115.16 (a) -1 Inmate Handbook

115.16 (a) -1 Language Identification Guide

115.16 (a) -1 MDCR Point Book

115.16 (a) -1 MDCR Sexual Abuse Hotline

115.16 (a) -1 MDCR Sexual Assault Pamphlets

115.16 (a) -1 MDCR Sexual Assault Awareness

Auditors Response

Established procedures regarding inmates with disabilities were reviewed. Documentation provided to the auditors were in compliance with established PREA standards. In addition, there were multiple written materials available to inmates regarding PREA. Communication regarding disabled inmates identifying their specific disabilities were being communicated among staff. Examples of this communication included change of shift meetings, logs, direct communication from supervisors and specific direction from medical staff where needed. Interpreters were also available to the facility. The agencies policies reviewed prohibited use of inmates as interpreters, readers, and other interventions except in limited circumstances dealing with safety, dealing with inmates safety and investigations.

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.

115.17 (a) (b) -1 1 PMB 13-76

A background investigation shall be conducted for applicants who pass both the polygraph test and Phase 1 of the psychological examination. The investigation includes the following:

- a. Internal Affairs (IA) clearance – Upon initial assignment of a background file, the investigator will review the file within 3 business days to determine if the applicant is competitive. If the applicant is competitive, a copy of his/her APHQ will then be submitted to the background supervisor, who will forward it to the Security and Internal Affairs Bureau (SIAB) for clearance. Under normal circumstances, the Special Projects Administrator 1 (SPA1) will ensure that every applicant's file receives IA clearance before submitting it to the PMB Commander for approval.
- b. Criminal history check-Local, Florida Crime Information Center (FCIC), National Crime Information Center (NCIC), and Florida Comprehensive Case Information System (FLCCIS)
- c. Sexual misconduct checks through any/all criminal arrests and/or criminal proceedings (Questions related to the Prison Rape Elimination Act are presented to all applicants through the PREA Questionnaire as well as the Polygraph Questionnaire).

Any sworn MCDR employee seeking promotion to a civilian or sworn position will be subject to an updated background investigation, which includes, at a minimum, a review of the employee's personnel file, disciplinary history, restricted duty and/or leave of absence status,

and certification status (for promotion to a sworn position). The Background Investigator conducting the promotional investigation will run the employee's name in the PREA Questionnaire Database and print the report.

115.17 (a) (b) -1 PMB 13-77

The investigator will instruct the applicant to complete and sign the Prison Rape Elimination Act (PREA) Applicant Questionnaire that includes the definition page, and the Civilian Applicant Rejection Guidelines, as well as any other form acknowledging potential reasons for background files discontinuation.

A background investigation includes the following:

- a. Criminal history check-Local, Florida Crime Information Center (FCIC) National Crime Information Center (NCIC), and Florida Comprehensive Case Information System. (FLCCIS)
- b. Criminal history check-Local, Florida Crime Information Center (FCIC) National Crime Information Center (NCIS), and Florida Comprehensive Case Information
- c. Sexual misconduct checks through criminal proceedings (questions related to the PREA are presented to all applicants through the PREA Questionnaire as well as the Polygraph Questionnaire.
- d. Fingerprint check.

Any MDCR employee seeking promotion to a civilian position will be subject to an updated background investigation, which includes at a minimum, a review of the employee's personnel file, disciplinary history, restricted duty and/or Questionnaire Database and print the report to demonstrate that the survey was completed.

115.17 (a) -1 DSOP 6-049

Modified Background

A modified background; e.g., driver's license check, criminal history checks, internal affairs clearance, etc., shall be conducted for each selected candidate.

115.17 (a-1) (e-1) DSOP 6-020

Upon receipt of all required and applicable documents, a background investigator shall conduct a preliminary interview with the applicant. If there is no significant admission(s) by the applicant, he/she shall progress through the following steps:

Background investigation.

A comprehensive background shall be conducted for each selected candidate who is not a MDCR employee. In accordance with DSOP 6-049, Promotional Procedure, a modified background investigation shall be conducted for each MDCR staff member being considered for promotion.

115.17 (e) -1 DSOP 23-001

PSD staff shall on an annual basis, conduct a local and national criminal records check of all current volunteers and contractors and maintain a data base on all volunteers and applicants.

115.17 (e) -1 Civilian Background Check

115.17 (e) -1 MDCR Volunteer and Contractual Personnel Regulation and Application

115.17 (e) -1 Promotional Background Check

115.17 (e) -1 Sworn Background Check

115.17 (e) -1 Volunteers & Contractual Personnel Regulations and Application

Auditors Response

The agencies policies were reviewed as part of this audit. Specific policies regarding hiring and promoting staff were reviewed. The specifics of the policies define the standard. Agency policy also reviews any prior incidents of sexual harassment of staff and contractors as to whether they will have contact with inmates. All staff have criminal background checks, these background checks are applicable with federal, state and local authorities. Contractors are included in these checks. Agency policy also exists for criminal background checks every five years. The application process includes the question of previous misconduct AND THE DISCLOSURE OF SUCH MISCONDUCT. Omissions of self disclosing misconduct are grounds for termination.

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.

Documentation was provided to the audit team regarding upgrades of technology during this audit period. The facility has upgraded video monitoring systems. Documentation was provided to confirm compliance with this standard.

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.

115.21 (a) -3 DSOP 15-008

- A. The alleged victim(s) shall be immediately separated from the alleged offender(s);
- B. The alleged victim(s) shall be immediately escorted to a secure and non-hostile environment. To ensure the preservation of evidence, the victim(s) shall be advised not to eat, drink, change clothes, shower or use the restroom until he/she has been examined by qualified medical staff;
- D. The alleged offender(s) shall be immediately escorted to a holding area that does not have bathroom facilities. He/she shall remain in the holding area until trace evidence can be collected or clearance has been given by the responding Miami-Dade Police Department (MDPD) investigator(s);
- E. The alleged victim(s) and inmate(s) shall be separately escorted to the IMP for medical assessment/treatment. IMP staff shall complete a Health Services Incident Addendum to document that the alleged victim(s) and offender(s) were examined;
- F. Upon completion of the IMP medical assessment, the alleged victim(s) shall be escorted to the Rape Treatment Center, if applicable;
- H. The crime scene shall be secured and preserved until given clearance by responding rYtDPD investigators in accordance with DSOP 11-0-8 "Preservation of a Crime Scene," if applicable;
- I. The Security and Internal Affairs Bureau (SIAB) shall be notified if the allegations involve inmate sexual assault/battery by staff. The SIAB shall refer such incidents to the State Attorney's Office (SAO), if appropriate;
- K. A log of events and chain of custody involving suspected evidence shall be maintained, if applicable.

115.21 (a) -3 IP-001

- V. Response to Reports of Inmate-On-Inmate Sexual Battery/Abuse
 - A. MDCR Response
 - B. CHS Response
- VI. Response to Reports of Staff-On-Inmate Sexual Battery/Abuse/Harassment
- X. Investigations

115.21 (b) -2 MDCR SART Protocol

115.21 (c) -2 JMHS Section TRC Forensic Exam

115.21 (c) -3, 4 & 5 MDCR SART Protocol

Sexual Assault Nurse Examiner (SANE)

- Interview the survivor to collect health history and information about the alleged sexual assault.
- Complete the sexual assault forensic exam.
- Collect and preserve forensic evidence.

- Provide care and prophylaxis.
- Rape Crisis Center/Rape Crisis Advocate
 - Provide support, information, and crisis intervention for survivors.
 - Inform the survivor about the investigation and medical forensic examination.
 - Educate the survivor about Rape Trauma Syndrome and healing from sexual assault.
 - Offer resources and referrals.
 - Provide follow-up counseling, as needed.

115.21 (d) -2 JMH Section RTC
 Advocacy Services Available at RTC

- a. Ongoing personal support, including outreach calls/visits.
- b. Practical help as needed; information and referrals.
- c. Ongoing, repetitive crisis intervention.
- d. Arranging for services to enhance recovery such as housing, financial assistance, and health services.
- e. Assistance with making informed decisions about medical care including forensic examination and police reporting.
- f. Information about medical care/concerns, the criminal justice systems, civil remedies, including assistance with follow-up visits.
- g. Assistance with preparing for court.
- h. Active monitoring of case through the legal system.
- i. Assistance and/or referrals for injunctions and protective/no-contact/anti-harassment orders.
- j. Information and/or assistance with Crime Victim Compensation applications.
- k. Ongoing case management to continue continuity of services.

115.21 (d) -3 Florida Council Against Sexual Violence Advocacy Training

115.21 (e)-1 JMH RTC

Accompaniment Services Available at RTC

a) Accompaniment is available for medical exams, appointments, interviews, trial, and sentencing and other necessary appointment or services

- 115.21 (f) -1 This Memorandum of Understanding outlines the collaboration and partnership of JncR and MDPD to coordinate the investigation of criminal offenses, as defined by F.S.S 775.08., within MDCR facilities.
2. Respond to all MDCR facilities to investigate allegations of felonies and narcotics offenses within or adjoining the facilities and shall conduct any investigation as required by Florida law, Prison Rape Elimination Act (PREA), and this MOU.
 3. Be responsible for the collection and preservation of all evidence, interviewing of suspects/witnesses, the photographing/recording of the crime scene, arrest of subject(s) and the coordination of prosecution with the Miami-Dade County State Attorney's Office.
 4. Apprise the MDCR liaison of the status of the criminal investigation and provide necessary assistance for MDCR's administrative review of the incident.

Auditors Response

Facility administration is responsible by policy and practice for conducting administrative sexual investigations. All allegations are referred to Miami-Dade Police Department and then referred back to the administration if determined administrative investigation is necessary. Interviews with investigators confirmed knowledge of uniformed evidence protocol and appropriate training. Forensic medical exams are available to inmates, these examinations are conducted by SAFE and SANE nurses. The audit team interviewed outside medical staff to assist in determining compliance with this standard. The facility also has a relationship with the local rape crisis center which makes available victim advocates for inmates.

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.

115.22 (a) (b) -1 IP-001

X. INVESTIGATIONS

A. Allegations of sexual battery/abuse by inmate/patient or staff or sexual misconduct by staff, contractor, or volunteer shall be referred to MDPD (SVB) for criminal investigations. Upon completion of criminal investigations, SIAB shall conduct administrative investigations only for alleged staff sexual misconduct, if warranted, in accordance with DSOP 4-015 "Complaints, Investigations and Dispositions";

B. SIAB shall conduct compelled interviews of staff only after the MDPD (SVB) completes the criminal investigation and the investigation has been reviewed by the State Attorney's Office;

115.22 (a) -1 DSOP 10-003

Types of Major Incidents

Refer to the Major Incidents List for additional major incidents.

115.22 (a) -1 DSOP 10-008

Response to Sexual Assault/Battery Allegations

When MDCR staff, volunteers, or contractual staff become aware of a possible incident involving sexual assault/battery, discover a sexual assault/battery in progress, or observe physical evidence, he/she shall immediately notify the respective Shift Supervisor/Commander or designee. All incidents of sexual assault/abuse shall be reported immediately and investigated thoroughly. The Shift Supervisor/Commander shall ensure that the following protocols are adhered to and a MDCR Sexual Assault/Battery Allegations Checklist is completed;

- A. The alleged victim(s) shall be immediately separated from the alleged offender(s);
- B. The alleged victim(s) shall be immediately escorted to a secure and non-hostile environment. To ensure the preservation of evidence, the victim(s) shall be advised not to eat, drink, change clothes, shower or use the restroom until he/she has been examined by qualified medical staff;
- C. MDPD and designated MDCR staff shall be notified in accordance with DSOP 10-003 "Major Incident Reporting Procedures";
- D. The alleged offender(s) shall be immediately escorted to a holding area that does not have bathroom facilities. He/she shall remain in the holding area until trace evidence can be collected or clearance has been given by the responding Miami-Dade Police Department (MDPD) investigator(s),
- E. The alleged victim(s) and inmate(s) shall be separately escorted to the IMP for medical assessment/treatment. IMP staff shall complete a Health Services Incident Addendum to document that the alleged victim(s) and offender(s) were examined;
- F. Upon completion of the IMP medical assessment, the alleged victim(s) shall be escorted to the Rape Treatment Center, if applicable;
- G. IMP staff shall refer the alleged victim(s) and offender(s) for mental health follow-up. This action shall be documented on a supplemental incident report, utilizing the same control number of the original MDCR Incident Report;
- H. The crime scene shall be secured and preserved until given clearance by responding MDPD investigators in accordance with DSOP 11-028 "Preservation of a Crime Scene", if applicable;
- I. The Security and Internal Affairs Bureau (SIAB) shall be notified if the allegations involve inmate sexual assault/battery by staff. The SIAB shall refer such incidents to the State Attorney's Office (SAO), if appropriate;
- J. The PREA Coordinator shall be notified;
- K. A log of events and chain of custody involving suspected evidence shall be maintained, if applicable;
- L. A MDCR Incident Report shall be generated and the following attached:
 1. A copy of the Daily Inmate Population Report of the area where the alleged incident occurred;
 2. A copy of the jail card(s) for the victim(s) and alleged offender(s);
 3. Investigative statement(s) of the inmate(s) present when the alleged incident occurred;
 4. Witness statements(s) from staff, e.g., supplemental incident report;
 5. Physical Sight Check Sheet and/or the Pre-Trial Detention Center Hourly Walk Check Sheet;
 6. Copy of the relevant page(s) from the area log book covering the time period of the alleged incident;
 7. Digital video recording disc (if available).

115.22 (b) -1 Memo of Understanding Between MDCR and MDPD

Auditors Response

The facility policies for referrals of allegations for investigations was reviewed. The complete policy is compliant with this standard. This policy has in place referrals of allegations of sexual abuse or harassment and are referred for investigations by SIAB.

As part of the audit process a seasoned investigator was interviewed by the audit team, this investigator was well read regarding PREA and the investigators role in the investigative process for such allegations. In addition, three completed files were reviewed by the audit team. A twelve month review was conducted of allegations reported, there were ten reported allegations, four of which resulted in administrative investigation and all ten allegations were automatically referred for criminal investigation. The agency also makes public allegations referred for criminal investigation on its website.

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.

115.31 (a) -1 DSOP 15-008

MDCR staff, contractors or volunteers, who have access to inmates, shall be provided training and/or education information on inmate-on inmate sexual violence and staff sexual misconduct/harassment awareness through classroom training, brochures, handouts, inmate handbooks, videos, online forums or in educational workbooks upon hiring and on an annual basis. All training shall be provided in a format based upon the level of contact and training requirements stipulated by PREA. Copies of the sign-off sheet(s) or electronic verification used to document staff training shall be forwarded to the Training Bureau. The training shall include, but not be limited to:

1. Staff Training Requirements
 - a. MDCR Zero Tolerance Policy
 - b. Staff's responsibilities to prevent, detect, report, and respond to sexual violence and staff sexual misconduct/harassment;
 - c. The inmates right to be free from sexual violence, staff sexual misconduct/harassment;
 - d. The dynamics of sexual violence in a confinement setting;
 - e. Recognizing and responding to the physical, behavioral and emotional signs of sexual abuse, sexual assault/battery;
 - f. How to avoid inappropriate relationships with inmates;
 - g. How to communicate effectively and appropriately with inmates, including lesbian, gay, bi-sexual, transgender, and intersex inmates (LGBTI);
 - k. Applicable federal, state and local laws.

115.31 (a) -1 IP-001

Staff, contractors, and volunteers with inmate/patient contact shall be trained and/or receive educational information on prevention and detection of sexual battery/abuse/harassment. The training shall be conducted upon new employee orientation, policy updates, and annually. Copies of the sign-off sheets or electronic verification documenting the training shall be forwarded to the Training Bureau. Refer to the Training Requirements for specific training topics.

115.31 (a) -1 PREA TRAINING Power Point

115.31 (d) -1 PREA Online Class

Auditors Response

A complete review of the training curriculum was conducted. The specifically targeted areas of the standard were in place, however, during the audit it was reported by administration, PREA Compliance Manager, and staff interviews that the training curriculum online was conducted while staff were on duty observing inmate interaction and behavior via laptop. Although the agency could document employees signing off that training was received and staff had passing scores, the results of this training while on duty supervising inmates was questionable in terms of its actual learning experience.

During the staff interviews it was apparent that staff had superficial knowledge of PREA and its implications. In addition, the first responder cards distributed to all staff and required by policy to have in their possession was not occurring.

Training corrective action has been implemented for compliance with this standard.

Corrective Action

Corrective action required is the separation of training hours from assigned duty post. In addition, the agency needs to develop and implement classroom training sessions with trained personnel regarding PREA related matters, allowing for the interaction of questions and dialog. The PREA Compliance Manager of the facility should receive trainer certification and develop a training schedule for all staff.

Documentation provided demonstrated compliance with standard.

Photos of Training Lab

Video of Training Session

PREA Audit Report

PREA Compliance Managers Training Certificates

Memorandum-Employee Training

MDCR Training Calendar 2017-2018

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.

115.32 (a) -1 New Employee Orientation Video

115.32 (a) -1 New Employee Orientation Video Checklist

115.32 (a) -1 IP-001

Staff, contractors, and volunteers with inmate/patient contact shall be trained and/or receive educational information on prevention and detection of sexual battery/abuse/harassment. The training shall be conducted upon new employee orientation, policy updates, and annually. Copies of the sign-off sheets or electronic verification documenting the training shall be forwarded to the Training Bureau. Refer to Training Requirements for specific training topics.

Volunteer and Contractors Training Requirements:

1. MDCR "Zero Tolerance" policy and procedures for prevention, detection, and response to sexual battery and sexual abuse/harassment.
2. The responsibilities of volunteers and contractors under MDCR policies and procedures, and
3. Reporting incidents of suspicion of sexual battery and or sexual abuse/harassment.

115.32 (a) -1 DSOP 15-008

Auditors Response

During the audit process volunteers and contractors had received the online training. As part of this training the zero tolerance policy of sexual abuse and sexual harassment were received. They were also informed of how to report such incidents, all volunteers and contractors documented signatures of receipt of training.

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.

115.33 (c) -2 DSOP 15-008

Upon intake, all inmates will be educated on MDCR Zero Tolerance policy. The MDCR Inmate Handbook and MDCR Sexual Assault Awareness pamphlet contain information regarding sexual assault/battery and staff sexual misconduct/harassment. This information shall be provided during the inmate classification interview process. Inmates that participate in community based programs, e.g., Monitored Release and Pretrial Release Programs, shall be provided the Sexual Assault Awareness pamphlet during the initial intake process. The MDCR Inmate Handbook and Sexual Assault Awareness pamphlet shall include, but not be limited to:

1. Methods, self protection and prevention techniques to reduce the likelihood of being victimized by sexual offenders;
2. Procedures for reporting attempted sexual assault/battery or sexual assault/battery by another inmate or staff sexual misconduct/harassment by staff to include:
 - a. Reporting the attack to MDCR or IMP staff immediately;
 - b. Requesting to see the Facility/Bureau Supervisor or designee via an Inmate Request Form;
 - c. Calling the Rape Crisis Hotline phone number that is posted in all holding and housing areas. Inmates can contact the hotline toll free from any inmate telephone.
3. Sanctions for the inmate who commits sexual assault/battery against another inmate(s);
4. Available support services, e.g., counseling, medical/mental services, etc.;
5. MDCR Disciplinary rules of conduct for all inmates.

115.33 (c) -2 IP-001

All inmates/patients shall be assessed within 24 hours during intake into MDCR and upon transfer to another facility to determine their risk of becoming victims and/or committing sexual battery/abuse/harassment. The assessment shall be used in determining the inmate/patient's permanent classification and housing assignment, prior to being placed into general population and/or housed with another inmate/patient.

115.33 (d) -1 IP-001

All inmates/patients shall receive an orientation that addresses MDCR's zero tolerance for sexual battery/abuse/harassment. The Classification Officer shall provide the orientation within 72 hours after intake unless exigent circumstances exist, e.g., inmates/patients requiring detox. Inmates/patients shall:

1. View a video presentation on how to report incidents or suspicions of sexual battery/abuse/harassment, and the right to be free from retaliation for reporting such incidents;
2. Receive the Sexual Battery/Abuse/Harassment Awareness Pamphlet;
3. Be provided with communication assistance in accordance with DSOP 12-007 "Americans with Disabilities Act - Inmates and Visitors" and DSOP 17-005 "Limited English Proficiency";
4. Receive an Inmate Handbook that includes information regarding prohibited acts, violations, and sanctions, how inmates/patients can protect themselves from sexual battery/abuse/harassment, and how to report sexual acts, etc.

115.33 (e) -1 MDCR Inmate Orientation-Training Video Acknowledgement

Auditors Response

During the tour of the intake area, the auditors observed inmates receiving information of the Zero Tolerance policy for sexual abuse or harassment. This information was provided through continuously running video in the intake area providing PREA information and procedures on how to report sexual abuse or harassment. Inmate PREA education is available for the visually impaired, deaf, and limited reading skills, and English proficiency. Secondary documentation was also made available for the audit team. The PREA audit questionnaire documentation provided and inmate interviews makes the facility compliant with this standard.

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.

115.34 (a) -1 15-008

Investigator Training Requirements

- a. Techniques for interviewing victims of sexual violence;
- b. Proper use of Miranda and Garrity warnings;
- c. Evidence collection in confinement settings;
- d. Criteria and evidence required to substantiate administrative action; and
- e. Criteria and evidence required to refer criminal behavior for prosecution.

115.34 (a) -1 DSOP 4-015

PRISON RAPE ELIMINATION ACT (PREA)

Investigators who conduct sexual abuse investigations shall receive training on conducting investigations in confinement settings.

INVESTIGATIVE

Investigators shall receive specialized investigative training on appropriate investigation policies and procedures, the investigation tracking process, interviewing techniques, and confidentiality requirements.

115.34 (a) -1 Florida Sheriffs Association

115.34 (a) -1 PREA Specialized Training

115.34 (c) -1 Investigation Sexual Abuse Training

Auditors Response

Training documentation for investigations was provided to the audit team and reviewed. This policy specifically targets training for investigations in confinement settings. Training reports were also made available supporting compliance with this standard.

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.

115.35 (a) -1 15-008

Medical and Mental Health Staff Training Requirements

- a. How to assess signs of sexual violence;
- b. How to preserve physical evidence of sexual violence;
- c. How to respond to victims of sexual violence; and
- d. How to report allegations and suspicions of sexual violence.

115.35 (a) -1 IP-001

CHS medical and mental health care staff who work regularly in the facilities are trained on the following:

- A. How to prevent, detect, and assess signs of sexual abuse/harassment;
- B. How to preserve evidence;
- C. How to respond professionally to victims of sexual abuse/harassment;
- D. How and when to report allegations or suspicions of sexual abuse/harassment.

CHS shall document completion of the training through employee's signature or electronic verification.

115.35 (a) -1 Training Requirements

- 1. Detecting and assessing signs of sexual battery and sexual abuse/harassment;
- 2. Preserving physical evidence of sexual battery and sexual abuse/harassment;
- 3. Responding to victims of sexual battery and sexual abuse/harassment; and
- 4. Reporting allegations and suspicions of sexual battery and sexual abuse/harassment.

115.35 (a) -1 Medical and Mental Health Care Training
115.35 (b) -1 DSOP 14-008

SEXUAL ASSAULT

In accordance with DSOP 15-008 "Inmate Sexual Assault/Abuse Prevention," IMP medical staff shall comply with Section 10 of the Prison Rape Elimination Act (PREA) of 2003. The medical and psychological trauma of a sexual assault shall be minimized as much as possible by prompt and appropriate health intervention. MDCR/IMP staff shall not be permitted to gather forensic evidence from the alleged perpetrator. Information shall be obtained from the assailant so that appropriate medical intervention can be initiated from the victim. IMP does not endorse in-house examination for sexual assault victims. Victims of sexual assault are referred to a designated Rape Center for examination.

Auditors Response

Specialized training was available to medical and mental health staff, this training targeted the skill set of medical and mental health practitioners in regards to sexual abuse and sexual harassment. Training logs and rosters were reviewed, confirming compliance for attendance of staff at these trainings.

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.

115.41 (a) -1 DSOP 15-008

An initial assessment shall be conducted as part of the intake process to determine if the newly arrested inmate is a victim or potential victim of sexual assault/battery or at risk of committing sexual assault/battery. The assessment shall include the following:

1. Completion of an initial medical/mental health screening by intake staff;
2. Completion of the Addendum to Inmate Profile Data form by intake staff. If the inmate provides "a yes response" to any question on the form, the Inmate Medical Provider (IMP) shall be immediately notified for further assessment, treatment and/or counseling;
3. Completion of a medical/mental health screening interview by IMP;
4. A review of available information indicating the potential for vulnerabilities or tendencies of acting out in a sexually aggressive manner, to include:
 - a. First time in custody;
 - b. Size;
 - c. Gang Affiliation;
 - d. Age (including Youthful Offenders).

During the classification interview process, the following criteria shall be used to identify an inmate who has a history of sexual assault/abuse behavior and/or of being sexually victimized.

If an inmate is identified as being "at risk," based on the aforementioned criteria, the IMP shall be immediately notified for further assessment, treatment and/or counseling. A MDCR Incident Report shall be generated and the Facility/Bureau Supervisor and the PREA Compliance Manager shall be notified via the chain of command.

115.41 (a) -1, (f) -1, (g) -1 IP-001

All inmates/patients shall be assessed within 24 hours during intake into MDCR and upon transfer to another facility to determine their risk of becoming victims and/or committing sexual battery/abuse/harassment. The assessment shall be used in determining the inmate/patient's permanent classification and housing assignment, prior to being placed into general population and/or housed with another inmate/patient.

a. Intake

Intake and Release Bureau (IBR) staff shall conduct the admission of all arrestees; and

Inmate assessments include the following procedures;

- a. The IRB Intake Shift Supervisor/Commander shall ensure the Queue Management System Officer completes the Initial Victim and/or Predator Screening Instrument for each arrestee in the Queue Management System (QMS);

- b. The intake Registered Nurse (RN) shall.
 1. Screen inmate/patients to determine their risk of becoming a victim of sexual battery/abuse;
 2. Assess inmates/patients using the Medical and Behavioral Health Screening Tool and documented in the Electronic Health Record (EHR);
 3. Refer the inmates/patients that screen positive for mental illness, medical, and/or PREA (at risk), to the Qualified Medical Professional (QMP) and/or Qualified Mental Health Professional (QMHP) for further evaluation to determine an special needs.
- c. If the QMP/QMHP determines the inmate/patient is at risk of becoming a victim, the QMP/QMHP shall;
 1. Complete a CHS Mental Health/Medical Relocation form notifying the IRB staff of an inmate/patient's risk status, e.g., previous victimization as related to PREA, transgender, and/or intersex;
 2. Enter in the EHR a consult to reassess the at-risk inmate/patient by a qmhp with 14 days after the initial intake screening.
- d. IRB staff shall:
 1. Complete a MDCR Indicent Report to document the recommendation made by QMP/QMHP for inmates/patients identified as at risk, e.g., previous victimization as related to PREA, transgender, and/or intersex;
 2. Ensure at-risk inmates patients remain under direct supervision in the intake area while being processed;
 3. Notify the Shift Supervisor Commander of the identity of any inmate/patient identified as at risk.
- e. The shift supervisor/commander shall notify the following staff via email when inmates/patients are identified as transgender and/or intersex and QMP/QMHP;
 - 1) Facility/Bureau Supervisor;
 - 2) Classification Unit Shift Supervisor;
 - 3) PREA Coordinator;
 - 4) PREA Compliance Manager (PCM).

Note: the Classification Unit shall reassess inmates/patients for their risk of becoming a victim or committing sexual battery/abuse within 30 days after arrival to the facility, and when warranted due to :

- 1) A referral, e.g., from CHS, Classification Unit, MDCR staff;
- 2) A request from the inmate/patient;
- 3) An incident of sexual abuse, activity, et., while in custody;
- 4) Additional information, e.g., anonymous call received that impacts the inmate/patient's risk of sexual victimization or abuse;
- 5) A transfer to another MDCR facility.

115.41 (c) -1 Victim and/or Predator Screening Instrument

Auditors Response

During the audit process intake screening was observed by the audit team. Documentation of the risk assessment was provided as well as secondary documentation. At the time of the audit, criteria for the intake screening did not include direct questions to inmates of their perceived sexual identity. In addition, the thirty (30) day review for reassessment was verbally confirmed by leadership staff, supportive documentation was not provided.

Corrective action was taken with a revised screening instrument.

Corrective Action

Review screening instrument for compliance with standard 115.41, include in the screening inmates perception of their sexual identity. Facility needs to develop documentation for auditing purposes to ensure reassessment is within the thirty (30) day time frame.

Screen Shot of QMS

DSOP IP-001 Inmate Sexual Battery/Abuse/Harassment Prevention and Response

PREA REASSESSMENT

Inmates/patients initially identified at risk of becoming a victim or committing sexual battery/abuse shall be reassessed within 30 days after arrival to the facility, and when warranted due to:

1. A referral, e.g., from CHS, Classification Unit, MDCR staff;
2. A request from the inmate/patient;
3. An incident of sexual abuse, activity, etc., while in custody;
4. Additional information, e.g., anonymous call received that impacts the inmate/patient's risk of sexual victimization or abuse;
5. A transfer to another MDCR facility.

The PREA reassessment to be completed within 30 days shall be conducted as follows:

1. IRB Classification Unit shall:
 - a) Compile a report, on a daily basis, containing the name and demographic information of identified inmates/patients that:

- 1) Remain in custody for 25 days;
- 2) Transferred to a new facility within the last 25 days.
- b) Distribute the report, on a daily basis, to each PCM via email;
- c) Determine if a housing reassignment is needed for inmates/patients identified at risk.
2. PCM shall:
 - a) Assign an Area Supervisor to conduct the PREA reassessment interview;
 - b) Ensure MDCR incident reports are completed after:
 - 1) PREA reassessment interviews are conducted; or
 - 2) An inmate/patient is identified at risk of becoming a victim or of committing sexual battery/abuse.
 - c) Ensure at-risk inmate/patient is taken to the clinic for an assessment, as necessary;
 - d) Notify the IRB Classification Unit to determine if a re-classification and housing reassignment are necessary for the identified as-risk inmate/patient;
 - e) Follow up with the inmate/patient to address any concern raised during the PREA reassessment interview.
3. Area Supervisor shall:
 - a) Conduct a PREA reassessment interview, in a private setting, with each inmate/patient within 30 days after arrival to the facility;
 - b) Complete a PREA Reassessment After Intake/Facility Transfer form for each inmate/patient;
 - c) Forward the completed PREA Reassessment After Intake/Facility Transfer forms to the PCM;
 - d) Notify the PCM of any concern raised by the inmate/patient during the PREA reassessment interview.

MWDC Risk Assessment Report Package

TGK Risk Assessment Report Package

PTDC Risk Assessment Report Package

BCP Risk Assessment Report Package

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.

115.42 (a) (b) -1 IP-001

When assigning housing, work, education, and programs for inmates/patients identified as a potential victim or perpetrator, the Classification Officer shall complete a Victim and/or Predator Screening Instrument in the Inmate Profile System and consider the following as a possible override of the initial classification;

- a. History (self-reported, documented, or both) of sexual victimization in MDCR custody, and/or any other juvenile/adult detention facility/jail;
- b. History (self-reported, documented, or both) of committing sexual battery/abuse/harassment, prior conviction for violent offenses, and/or history of prior institutional violence or sexual abuse;
- c. Inmates/patients identified by QMHP as at risk, e.g., previous victimization as related to PREA transgender and/or intersex.

115.42 (a) -1

115.42 (c) -1 DSOP-18-017

The Transgender Committee (TC) is responsible for determining a permanent housing assignment for each transgender inmate through a review of the respective classification, medical, and mental health records. In addition, prior to permanent housing, the TC shall meet with each inmate to determine his/her vulnerability within the general jail population and length of time living within a community as the acquired gender. The TC shall be comprised of medical and mental health staff from the Inmate Medical Provider (IMP), and an Intake and

Release Bureau (IRB) Supervisor or designee, who shall serve as Chairperson. A written decision by the TC shall be maintained in the inmate's confinement and medical records.

MDCR shall provide each transgender inmate the opportunity for non-discriminatory participation in the below listed programs and services. An inmate's participation in programs and services shall be consistent with his/her classification and shall not conflict with safe, secure and orderly operation of a detention facility. The MDCR Inmate Handbook contains information and procedures for accessing programs and services available to inmates in MDCR custody. The IRB staff shall ensure each transgender is provided a copy of the MDCR Inmate Handbook during the inmate orientation process.

Auditors Response

Information from an incomplete screening instrument cannot be utilized in making informed housing, bed, or work assignments in keeping inmates at high risk from being victimized.

Screening instrument revised providing compliance.

Corrective Action

Review existing screening policy in standard 115.41 and utilize this accurate information for decision regarding housing, work, program assignments as stated in the standard.

Memorandum from Intake and Release Bureau Classification Unit

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.

115.43 (a) -1 IP-001

The alleged victim shall not be placed in administrative confinement, unless all available housing alternatives have been exhausted to keep alleged victim separate from the alleged perpetrator. Refer to DSOP 12-002 'Inmate Administrative and Disciplinary Confinement' for additional information.

Auditors Response

The protective custody policy prohibiting placement of inmates for potential sexual victimization in involuntary segregation was reviewed and discussed with facility senior staff. It is impressive to note that during the last twelve months there was no usage of involuntary segregated housing. Case files were reviewed, which included documentation for the concern of inmates safety and alternative methods for continued safety.

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.

115.51 (b) -2 19-007

It is the policy of the Miami-Dade Corrections and Rehabilitation Department (MDCR) to notify designated consular officials of foreign nationals detained in MDCR facilities and provide the consular officials with access to communicate with the foreign nationals. Legal and illegal foreign nationals (aliens) have the same rights to consular notification and access. In accordance with Department Standard Operating Procedure (DSOP) 17-005 "Limited English Proficiency," MDCR staff shall ensure that interpreting/translating services are provided, if necessary, to any inmate whose primary language is not English. In addition, MDCR staff shall adhere to applicable departmental policies and procedures for intake, classification, housing, transport, etc., of foreign national inmates.

A foreign national is any person who is not a United States (US) citizen or a lawful, permanent resident alien who has an Alien Registration Card (INS Form I-551), commonly known as a "green card." MDCR staff shall immediately advise an inmate identified as a foreign national of his/her right to request consular notification and access as required by the Vienna Convention on Consular Relations, and in accordance with the Consular Notification and Access. If an inmate is a national of 1 or more countries, MDCR staff shall conduct mandatory and/or non-mandatory consular notification(s) for each country as indicated on the Mandatory and Non-Mandatory Foreign Consulates Notification Listing.

115.51 (a) (b) (c) (d) -1 IP-001

Inmates/patients may report sexual battery/abuse/harassment to any MDCR/CHS staff, contractor, or volunteer at any time, regardless of when the incident may have occurred or if it occurred while in the custody of MDCR. Inmate/patient reports may be submitted verbally, in writing, through the Inmate Grievance process, anonymously, or from third parties, e.g., Rape Crisis Hotline, family, etc. The Shift Supervisor/Commander shall be notified immediately of all sexual battery/abuse/harassment reports made by an inmate/patient, or a third party.

MDCR/CHS staff, contractors, and volunteers are prohibited from retaliating against inmates/patients and/or staff reporting or cooperating with investigations of allegations regarding sexual battery/abuse/harassment allegations.

115.51 (a) -1 DSOP 15-008

Procedures for reporting attempted sexual assault/battery or sexual assault/battery by another inmate or staff sexual misconduct/harassment by staff to include;

- a. Reporting the attack to MDCR or IMP staff immediately;
- b. Requesting to see the Facility/Bureau Supervisor or designee via an Inmate Request Form;
- c. Calling the Rape Crisis Hotline phone number that is posted in all holding and housing areas. Inmates can contact the hotline toll free from any inmate telephone.

115.51 (a) -1 Inmate Grievance Form

115.51 (a) -1 Inmate Handbook

115.51 (a) -1 MDCR Hotline

115.51 (a) -1 MDCR Sexual Assault Pamphlet

115.51 (b) -1

This Memorandum of Understanding outlines the collaboration and partnership of MDCR and MDPD to coordinate the investigation of criminal offenses, as defined by F.S.S 775.08., within MDCR facilities.

Respond to all MDCR facilities to investigate allegations of felonies and narcotics offenses within or adjoining the facilities and shall conduct any investigation as required by Florida law, Prison Rape Elimination Act (PREA), and this MOU.

Be responsible for the collection and preservation of all evidence, interviewing of suspects/witnesses, the photographing/recording of the crime scene, arrest of subject(s) and the coordination of prosecution with the Miami-Dade County State Attorney's Office.

Apprise the MDCR liaison of the status of the criminal investigation and provide necessary assistance for MDCR's administrative review of the incident.

115.51 (b) -2 Compliance with ICE Detainer Requests

115.51 (b) -2

Intake staff shall process newly arrested foreign nationals in accordance with DSOP 19-007 "Detention of Foreign Nationals," Procedural Directive D1 0-020 "Acceptance, Review and Release of Inmates with 'Hold for Immigration' Detainers," and IRB SOP 11-001 "Intake Procedures." In addition, newly arrested persons who are in need of translation/interpretation services shall be handled in accordance with DSOP 17-005 "Limited English Proficiency." The Intake Supervisor shall ensure completion of all the required documentation.

115.51 (b) -2 Foreign National Consular Notification Statement

Auditors Response

Inmate reporting policies were reviewed, the existing policies included multiple ways for reporting. The internal opportunities for reporting consisted of verbal response to on-duty staff, counselors, grievance coordinator, medical and mental health staff, and the availability of outside communications via telephone. The inmate also could submit a letter to outside advocacy groups and/or communicate with family or loved ones for response.

The reporting policy also clearly outlined inmates detained for immigration purposes information to contact Department of Homeland Security Officials.

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.

115.52 (a) (c) (d) (e) (f) (g) -1 & (c) (f) -2 DSOP 15-001

There is no time limit for inmates to submit a grievance for alleged sexual battery, abuse, harassment.

EMERGENCY COMPLAINT/GRIEVANCE

Sexual assault, battery, misconduct, abuse, or harassment;

Immediately hand-deliver a copy of the Inmate Grievance form to the respective bureau/entity for resolution; and

The Facility/Bureau Supervisor and IMP Director of Patient Care Services (when applicable) shall present the inmate with the written response to the emergency grievance within seven calendar days, and within five calendar days for any emergency grievance alleging risk of imminent sexual abuse.

REPORTING SEXUAL BATTERY/ ABUSE/HARASSMENT

The Shift Supervisor/Commander shall be immediately notified of any complaints/grievances alleging sexual battery/abuse/harassment. Inmates may report any incident of sexual battery/abuse/harassment anonymously, or through third parties as follows:

Inmates may submit grievances to any staff member. Inmates shall not be required to submit inmate grievance forms to the staff member who is the subject of the complaint;

Grievances shall not be referred for response to staff who is the subject of the complaint;

Inmates may be disciplined for filing a grievance related to alleged sexual battery/ abuse/harassment if an investigation determines that the inmate filed the grievance with intent to deceive the process.

115.52 (a) (c) (d) (e) (f) (g) -1& (c) (f) -2 DSOP 15-001

There is no time limit for inmates to submit a grievance for alleged sexual battery, abuse, harassment.

EMERGENCY COMPLAINT/GRIEVANCE

Sexual assault, battery, misconduct, abuse, or harassment.

Area Supervisor shall:

1. Immediately hand-deliver a copy of the Inmate Grievance form to the respective bureau/entity for resolution.

The Facility/Bureau Supervisor and IMP Director of Patient Care Services (when applicable) shall present the inmate with the written response to the emergency grievance within seven calendar days, and within five calendar days for any emergency grievance alleging risk of imminent sexual abuse.

REPORTING SEXUAL BATTERY/ ABUSE/HARASSMENT

The Shift Supervisor/Commander shall be immediately notified of any complaints/grievances alleging sexual battery/abuse/harassment.

Inmates may report any incident of sexual battery/abuse/harassment anonymously, or through third parties as follows:

B. Inmates may submit grievances to any staff member. Inmates shall not be required to submit inmate grievance forms to the staff member

who is the subject of the complaint;

C. Grievances shall not be referred for response to staff who is the subject of the complaint;

D. Inmates may be disciplined for filing a grievance related to alleged sexual battery/ abuse/harassment if an investigation determines that the inmate filed the grievance with intent to deceive the process.

115.52 (d) -4 Inmate Grievances

Auditors Response

Facility policy regarding the time limits on administrative remedies were received prior to the audit. This policy was reviewed for compliance for exhaustion of administrative remedies. Inmate grievances were reviewed and the grievance coordinator was interviewed. During this interview the facility policy specifics were confirmed including procedures to submit grievances regarding sexual abuse with no time limit, the utilization of informal grievance process, and specific procedures protecting inmates when submitting any type of grievance including staff who may be involved. During the last twelve months there were two grievances filed alleging sexual abuse, decisions were rendered within ninety days.

Additionally included in this policy which allows third parties including other inmates, staff members, family, outside advocates to assist inmates in the reporting process including administrative resolutions. Emergency procedures for filing emergency grievances were in place including a response time of forty-eight hours.

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.

115.53 (a) -1 IP-001

Review the alleged victim's discharge instructions upon return from the RTC;

- a. Offer pregnancy tests to victims of sexual abuse when vaginal penetration has occurred;
- b. Provide follow-up testing and counseling for sexually transmitted diseases, and post-exposure prophylactic treatment, as necessary;
- c. Refer the alleged victim to be seen by a QMHP within 24 hours of returning from RTC. The QMHP shall:
Evaluate the alleged victim and assess the need for crisis intervention counseling and ong-term follow-up care.

115.53 (a) -1 MDCR Inmate Handbook 2016-Creole

115.53 (a) -1 MDCR Inmate Handbook 2016-English

115.53 (a) -1 MDCR Inmate Handbook 2016-Spanish

115.53 (a) -1 Sexual Assault Awareness Postings

Auditors Response

Access to outside victim advocates was in place. Specifically inmates had toll free telephonic number availability 24/7 in the dorm areas. Handbooks and written materials were available which included specific information for support services. The facility has a memorandum of understanding with community service providers to provide services to inmates specifically dealing with sexual abuse and sexual harassment. The RTC, a component of Jackson Hospital was the identified sexual abuse/harassment provider.

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.

115.54 (a) -2 MDCR Website

Auditors Response

Third party reporting documented procedures were reviewed during the audit process. The agencies website clearly has posted specific information to third party reporting. Other documentation is available and distributed to the public.

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.

115.61 (a) -1 IP-001

RESPONSE TO REPORTS OF INMATE-ON INMATE- SEXUAL BATTERY/ABUSE

When staff receives a report of an inmate/patient's allegation of inmate-on-inmate sexual battery/abuse, the following procedures shall be adhered to:

MDCR RESPONSE

1. Sworn staff shall:
Notify the Area Supervisor and Shift Supervisor/Commander immediately;
Initiate an Incident Report (staff shall not input any victim's information or assault details into the Criminal Justice Information System (CJIS)) in accordance with Florida Statutes (FS) 119 an 704-024) and Physical Sight Check Sheet.
2. Area Supervisor shall ensure:
The crime scene is secured in accordance with DSOP 11-028 'Preservation of a Crime Scene
3. Shift Supervisor/Commander shall;
Notify MDPD (SVB) by telephone. The telephone call shall be conducted as follows:
 1. The Shift Supervisor/Commander and Qualified Health Care Professional (QHP) staff, who evaluated the alleged victim, shall confer with MDPD jointly; and
 2. The information gathered from the alleged victim shall be shared with MDPD who determines if the victim is referred to the Rape Treatment Center (RTC) for a forensic examination.
 - a. Notify the PREA Coordinator;
 - b. Make notifications in accordance with DSOP 10-003 "Major Incident Reporting Procedures"
 - c. Ensure that a Sexual Battery/Abuse/Harassment Allegations Checklist is completed.
 - d. Maintain a log of events and chain of custody involving suspected evidence.
 - e. Ensure that an Incident Report has been completed.

CHS RESPONSE

Immediately notify the Associate Nurse Manager/Charge Nurse;
Complete a Health Services Incident Addendum to document that the alleged victim was assessed;
Complete an incident report in the CHS Incident Reporting System;
Document the alleged victim's medical and mental health complaints, finding, and the treatment plan in the EHR.

The Associate Nurse Manager/Charge Nurse shall notify;

PREA Audit Report

- a. Facility Director of Patient Care Services;
- b. Facility Health Services Administrator;
- c. CHS Chief Nursing Officer;
- d. CHS Medical Director;
- e. Associate Medical Director, Behavioral Health;
- f. CHS Director

Note: When an inmate/patient alleges sexual battery/abuse to a QHP or the QHP identifies signs and/or symptoms of sexual battery/abuse, not reported previously, the QHP shall notify the Shift Supervisor/Commander and Associate Nurse Manager/Charge Nurse immediately.

115.61 (a) -1 DSOP 15-008

When MDCR staff, volunteers, or contractual staff become aware of a possible incident involving sexual assault/battery, discover a sexual assault/battery in progress, or observe physical evidence, he/she shall immediately notify the respective Shift Supervisor/Commander or designee. All incidents of sexual assault/abuse shall be reported immediately and investigated thoroughly. The Shift Supervisor/Commander shall ensure that the following protocols are adhered to and a MDCR Sexual Assault/Battery Allegations Checklist is completed:

- A. The alleged victim(s) shall be immediately separated from the alleged offender(s);
- B. The alleged victim(s) shall be immediately escorted to a secure and non-hostile environment. To ensure the preservation of evidence, the victim(s) shall be advised not to eat, drink, change clothes, shower or use the restroom until he/she has been examined by qualified medical staff;
- C. MDPD and designated MDCR staff shall be notified in accordance with DSOP 1 0-003 "Major Incident Reporting Procedures";
- D. The alleged offender(s) shall be immediately escorted to a holding area that does not have bathroom facilities. He/she shall remain in the holding area until trace evidence can be collected or clearance has been given by the responding MiamiDade Police Department (MDPD) investigator(s);
- E. The alleged victim(s) and inmate(s) shall be separately escorted to the IMP for medical assessment/treatment. IMP staff shall complete a Health Services Incident Addendum to document that the alleged victim(s) and offender(s) were examined;
- F. Upon completion of the IMP medical assessment, the alleged victim(s) shall be escorted to the Rape Treatment Center, if applicable;
- G. IMP staff shall refer the alleged victim(s) and offender(s) for mental health followup. This action shall be documented on a supplemental incident report, utilizing the same control number of the original MDCR Incident Report;
- H. The crime scene shall be secured and preserved until given clearance by responding MDPD investigators in accordance with DSOP 11-028 "Preservation of a Crime Scene," if applicable;
- I. The Security and Internal Affairs Bureau (SIAB) shall be notified if the allegations involve inmate sexual assault/battery by staff. The SIAB shall refer such incidents to the State Attorney's Office (SAO), if appropriate;
- J. The PREA Coordinator shall be notified;
- K. A log of events and chain of custody involving suspected evidence shall be maintained, if applicable;
- L. A MDCR Incident Report shall be generated and the following attached:
 - 1. A copy of the Daily Inmate Population Report of the area where the alleged incident occurred;
 - 2. A copy of the jail card(s) for the victim(s) and alleged offender(s);
 - 3. Investigative statement(s) of the inmate(s) present when the alleged incident occurred;
 - 4. Witness statement(s) from staff, e.g., supplemental incident report;
 - 5. Physical Sight Check Sheet and/or the Pre-Trial Detention Center Hourly Walk Check Sheet;
 - 6. Copy of the relevant page(s) from the area log book covering the time period of the alleged incident;
 - 7. Digital video recording disc (if available).

MDCR staff is prohibited from any form of retaliation against an individual(s) because of involvement in the reporting or investigating of sexual assault/battery or sexual misconduct/harassment. Staff shall refrain from talking openly about such issues.

Auditors Response

Facility policy clearly articulates specific procedures for reporting any knowledge or suspicion received regarding allegations of sexual abuse or sexual harassment. Policy specifically states that "all staff are to report immediately any information regarding sexual abuse or sexual harassment".

Prohibitions are in place from revealing any information other than staff who are investigating treatment considerations and security concerns.

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.

115.62 (a) -1 Queue Management System Intake Automated Screening Tool

115.62 (a) -2, 3, 4-PREA Report

115.62 (a) -1 DSOP 15-008

If an inmate is Identified as being "at risk," based on the aforementioned criteria, the IMP shall be immediately notified for further assessment, treatment and/or counseling. A MDCR Incident Report shall be generated and the Facility/Bureau Supervisor and the PREA Compliance Manager shall be notified via the chain of command.

Inmate(s) identified as sexual offender(s) while in custody shall be placed in administrative segregation, in accordance with DSOP 12-002 "Inmate Administrative and Disciplinary Confinement," pending classification and administrative review by the respective Facility/Bureau Supervisor or designee.

The alleged victim(s) and offender(s) may be reclassified into protective custody from the general population or placed into direct supervision housing in accordance with DSOP 19-005 "Objective Jail Classification Procedures."

115.62 (a) -1 IP-001

All inmates/patients shall be assessed within 24 hours during intake into MDCR and upon transfer to another facility to determine their risk of becoming victims and/or committing sexual battery/abuse/harassment. The assessment shall be used in determining the inmate/patient's permanent classification and housing assignment, prior to being placed into general population and/or housed with another inmate/patient.

Intake

CHS staff shall conduct a physical and behavioral health screening of each inmate/patient in accordance with CHS-033 'Intake and Receiving Screening'.

Classification

When assigning housing, work, education, and programs for inmates/patients identified as a potential victim or perpetrator, the Classification Officer shall complete a Victim and/or Predator Screening Instrument in the Inmate Profile System and consider the following as a possible override of the initial classification;

- a. History (self-reported, documented, or both) of sexual victimization in MDCR custody, and/or any other juvenile/adult detention facility/jail;
- b. History (self-reported, documented, or both) of committing sexual battery/abuse/harassment, prior conviction for violent offenses, and/or history of prior institutional violence or sexual abuse;
- c. Inmates/patients identified by QMHP as at risk, e.g., previous victimization as related to PREA transgender and/or intersex.

Note: Inmates/patients determined to be at risk of becoming a victim or committing sexual battery/abuse/harassment shall be housed in direct supervision housing.

If, during the classification screening, an inmate/patient is identified at risk, e.g., previous victimization, transgender, and/or intersex, the Classification Unit shall:

- a. Notify CHS immediately for assessment;
- b. Notify the Shift Supervisor/Commander. The Shift Supervisor/Commander shall notify the following staff via email when inmates/patients are identified at risk:
 1. Facility/Bureau Supervisor;
 2. Classification Unit Shift Supervisor;
 3. PREA Coordinator;
 4. PCM.

Note: The Classification Unit shall reassess inmates/patients for their risk of becoming a victim or committing sexual battery/abuse within 30 days after arrival to the facility, and when warranted due to:

1. A referral, e.g., from CHS, Classification Unit, MDCR staff;
2. A request from the inmate/patient;
3. An incident of sexual abuse, activity, etc., while in custody;
4. Additional information, e.g., anonymous call received that impacts the inmate/patients risk of sexual victimization or abuse;
5. A transfer to another MDCR facility.

Auditors Response

Policy was reviewed for risk of sexual abuse and the immediate steps to be taken. These steps were appropriate protective measures without

delay.

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.

115.63 (a) (d) -1 IP-001

If an allegation is received that an inmate/patient was sexually assaulted or abused while confined at another corrections facility or by an employee of a law enforcement agency:

1. The Facility/Bureau Supervisor learning of this information shall immediately notify the PREA Coordinator;
2. The PREA Coordinator shall notify the facility/agency where the alleged abuse occurred and document the notification. The notification shall be made within 72 hours of MDCR learning of the incident.

Auditors Response

The documentation provided as evidence for compliance of this standard does meet the specificity the standard requires. Specifically it is required that the head of the facility must notify the head of the facility or appropriate office where the sexual abuse is alleged, however, if the head of the facility directs their PREA Compliance Manager (on a case by case bases) this would be allowable.

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.

115.64 (a) -1 15-008

When MDCR staff, volunteers, or contractual staff become aware of a possible incident involving sexual assault/battery, discover a sexual assault/battery in progress, or observe physical evidence, he/she shall immediately notify the respective Shift Supervisor/Commander or designee. All incidents of sexual assault/abuse shall be reported immediately and investigated thoroughly. The Shift Supervisor/Commander shall ensure that the following protocols are adhered to and a MDCR Sexual Assault/Battery Allegations Checklist is completed:

- A. The alleged victim(s) shall be immediately separated from the alleged offender(s);
- B. The alleged victim(s) shall be immediately escorted to a secure and non-hostile environment. To ensure the preservatons of evidence, the victim(s) shall be advised not to eat, drink, change clothes, shower or use the restroom until he/she has been examined by qualified medical staff;
- C. MDPD and designated MDCR staf shall be notified in accordance with DSOP 10-003 "Major Incident Reporting Procedures";
- D. The alleged offender(s) shall be immediately escorted to a holding area that does not have bathroom facilities. He/she shall remain in the holding area until trace evidence can be collected or clearance has been given by the responding Miami-Dade Police Department (MDPD) investigator(s);

- E. The alleged victim(s) and inmate(s) shall be separately escorted to the IMP for medical assessment/treatment. IMP staff shall complete a Health Services Incident Addendum to document that the alleged victim(s) and offender(s) were examined.

115.64 (a) -1 IP-001

When staff receives a report of an inmate/patient’s allegation of inmate-on-inmate sexual battery/abuse, the following procedures shall be adhered to:

A. MDCR RESPONSE

1. Sworn staff shall:
 - a. Immediately separate the alleged victim from the alleged perpetrator;
 - b. Notify the Area Supervisor and Shift Supervisor/Commander immediately;
 - c. Initiate an Incident Report (staff shall not input any victim’s information or assault details into the Criminal Justice Information System (CJIS) in accordance with Florida Statutes (FS) 119 and 794.024 and Physical Sight Check Sheet.
2. Area Supervisor shall ensure:
 - a. The alleged victim is escorted to a secure area (e.g., clinic holding cell) and advised not to eat, drink, change clothes, shower, or use the restroom to ensure the preservation of evidence;
 - b. The alleged perpetrator is escorted immediately to a holding area that does not have a bathroom/toilet;
 - c. The alleged victim and alleged perpetrator are escorted separately to the clinic and kept separate;
 - d. The crime scene is secured in accordance with DSOP 11-028 “Preservation of a Crime Scene”.
 - e. The alleged perpetrator remains in a holding area until trace evidence can be collected or further instructions are provided by the responding MDPD (SVB).

Auditors Response

The Miami-Dade County PREA policy outlines the procedures and action for first responders to an allegation of sexual abuse.

1. Separate the alleged victim and abuser.
2. Preserve and protect any crime scene.
3. Request alleged victim not take any actions that could destroy physical evidence.
4. Ensure the alleged abuser does not destroy any physical evidence.

During the interviews with staff and higher intermediate supervisors some staff were in possession of the first responder cards which clearly outline the above steps. The auditors were informed on more than one occasion that it was a requirement for staff to be in possession of these informational first responder cards at all times. Approximately 70% of those interviewed were not in possession of this informational first responder card.

However, all staff interviews conducted were able to verbally describe first responder duties.

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.

115.65 (a) -1 DSOP 15-008 Inmate Sexual Assault

115.65 (a) -1 IP-001 Inmate Sexual Battery

115.65 (a) -1 MDCR SART Protocol

Auditors Response

The Miami-Dade County has a written institutional plan/procedure which describes the coordinated actions taken in response to an incident of sexual abuse. This plan includes first responders, medical/mental health practitioners, investigators, and facility leadership. A review team is in place to discuss how to respond to allegations, incidents, and PREA concerns; monitoring, staffing, and supervision.

Interviews with leadership, PREA manager, and specialized staff confirmed compliance.

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.

115.66 (a) -1 GSAF-Professional Colective Bargaining Agreement 2014-2017

115.66 (a) -1 Labor Relations AFSCME-199 2014-2017

115.66 (a) -1 Labor Relations GSAF-Supervisory 2014-2017

115.66 (a) -1 Labor Relations PBA Rank File 2014-2017

115.66 (a) -1 Labor Relations PBA Supervisory 2014-2017

Auditors Response

Existing agreements for Miami-Dade County verify and permit the facility to remove alleged staff sexual abusers from contact with any inmates pending investigation or other determinations necessary.

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.

115.67 (a) -1 DSOP 15-008

MDCR staff is prohibited from any form of retaliation against an individual(s) because of involvement in the reporting or investigating of sexual assault/battery or sexual misconduct/harassment. Staff shall refrain from talking openly about such issues.

115.67 (a) -1 IP-001

MDCR/CHS staff, contractors, and volunteers are prohibited from retaliating against inmates/patients and/or staff reporting or cooperating with investigations of allegations regarding sexual battery/abuse/harassment allegations.

The PCM shall monitor the conduct and treatment of inmate/patients or staff (e.g., inmate disciplinary reports, housing changes, negative performance reviews of reassignment of staff) who reported incidents of sexual battery/abuse/harassment or cooperated with investigations. The monitoring shall be conducted for at least 90 days or more, if necessary, to ensure that no retaliation occurs.

PCMs shall document the findings on the Protection Against Retaliation form. A copy of the form shall be submitted to the PREA Coordinator for each monitoring period with the Monthly PREA Memorandum. Upon completion of the 90-day monitoring period, a copy shall be forwarded to the Classification Unit’s Shift Supervisor via email to be placed in the inmate/patient’s file. The original form shall be forwarded to the PREA Coordinator. The obligation to monitor shall terminate if the allegation is determined to be ‘unfounded’ by MDPD (SVB) or SIAB.

115.67 (a) -1 Protection from Retaliation Form

Auditors Response

The facility policy protects all inmates and staff who report sexual abuse or sexual harassment and who cooperate with the investigations of such allegations from retaliation. Personnel policies also protect staff from retaliation covering sexual harassment and sexual misconduct. In addition to these policies staff and inmate interviews confirmed knowledge of these protections and compliance with the standard.

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.

115.68 (a) -1 IP-001

The alleged victim shall not be placed in administrative confinement, unless all available housing alternatives have been exhausted to keep alleged victim separate from the alleged perpetrator. Refer to DSOP 12-002 “Inmate Administrative and Disciplinary Confinement” for additional information.

Auditors Response

Existing policy prohibiting placement of inmates who were alleged to have been sexually abused were in place. The interviews with the PREA coordinator and leadership team validated that alternative means would be considered for inmates who have been identified as alleged victims of sexual abuse.

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.

115.71 (a) -1 IP-001

INVESTIGATIONS

- A. Allegations of sexual battery/abuse by inmate/patient or staff or sexual misconduct by staff, contractor, or volunteer shall be referred to MDPD (SVB) for criminal investigations. Upon completion of criminal investigations, SIAB shall conduct administrative investigations only for alleged staff sexual misconduct, if warranted, in accordance with DSOP 4-015 “Complaints, Investigations and Dispositions”;
- B. SIAB shall conduct compelled interviews of staff only after the MDPD (SVB) completes the criminal investigation and the investigation has been reviewed by the State Attorney’s Office;
- C. Following completion of SVB’s investigation, MDCR administrative investigation shall be conducted for all allegations of sexual battery/abuse/harassment involving staff, contractors, and volunteers. Administrative investigations shall:
 - 1. Identify if staff actions or failures to act contributed to the abuse including review of classification and housing decisions;

- 2. Document a description of the physical and testimonial evidence, and investigative facts and findings,
 - 3. Make recommendations to the Facility/Bureau Supervisor who shall initiate a plan of action to address issues identified in the administrative investigation, including assignment of responsibilities to complete the work and a time schedule, and follow up.
 - D. A Disposition Panel shall impose no standard higher than a preponderance of the evidence in determining if allegations of sexual battery/abuse/harassment by staff are substantiated:
 - E. Continue the investigation uninterrupted until completion,
 - F. The credibility of an alleged victim, alleged perpetrator, or witness shall be assessed on facts and shall not be determined by the person's status as an inmate/patient or staff.
- All written reports referencing the investigation shall be retained for as long as the alleged perpetrator is incarcerated or employed by MDCR, plus five years.

Auditors Response

The facilities policy regarding criminal and administrative investigations was reviewed. This policy specifically requires that all allegations related to criminal acts including sexual abuse are referred to Miami-Dade County Police. Upon review by Miami-Dade County PD, continued investigations can be referred back to the SIAB for internal investigation.

During the audit process an SIAB investigator was interviewed by the audit team who confirmed compliance with this standard in addition, three investigative files were reviewed for appropriate documentation.

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.

115.72 (a) -1 IP-001

A Disposition Panel shall impose no standard higher than a preponderance of the evidence in determining if allegations of sexual battery/abuse/harassment by staff are substantiated.

Auditors Response

Miami-Dade County uses a preponderance of the evidence standard for determining whether or not an allegation is substantiated or unsubstantiated or unfounded. The evidentiary standard described is, ‘there shall not be any standard higher than a preponderance of the evidence in determining allegations of sexual abuse or sexual harassment are substantiated’.

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.

115.73 (a) (c) (e) -1 IP-001

Following an investigation related to sexual battery/abuse/harassment allegations, SIAB shall report to the inmate/patient:

- A. If the allegations are substantiated, unsubstantiated, or unfounded as determined by MDPD;
- B. In the event the allegation involves staff sexual misconduct, SIAB shall notify the inmate/patient (unless the agency has determined that the allegation is unfounded) when:
 - 1. The staff member is no longer assigned to the inmate/patient's unit;
 - 2. The staff member is no longer assigned to the facility;
 - 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - 4. The agency learns that the staff member has been convicted related to sexual abuse within the facility.

SIAB shall document and maintain all notifications made to the inmate/patient in the electronic case file. If the inmate/patient is in custody, the notification is hand-delivered to the inmate/patient. If the inmate/patient is no longer in custody, a certified letter is mailed to the last known address on file.

Auditors Response

The Metro Dade County policy requires that the facility inform any inmate who makes an allegation of sexual abuse. This determination would include the final determination of substantiated, unsubstantiated or unfounded resolution. The PAQ submitted 115.73 (a) -2 to the audit team stated that there were seven (7) completed investigations in the last twelve (12) months, however, 115.73 (a) -3 reports that only one (1) of the inmates was notified of the results.

Corrective procedures and practices were implemented to provide compliance with this standard.

Corrective Action

The facility must implement procedures under the supervision of the PREA Compliance Manager that ensure that all investigations completed, that the results are reported to the inmates. The existing policy that all notifications are documented needs to be reviewed and audited for accuracy.

Letter notification (In Custody) & Inmate Profile Sheet

Letter notification (Out of Custody) & Inmate Profile Sheet

IP-001 Inmate Sexual Battery/Abuse/Harassment Prevention and Response

The notification to inmates/patients shall be processed as follows:

- A. SIAB shall:
 - 1. Document and maintain all notifications made to the inmate/patient in the electronic case file;
 - 2. Hand-deliver notification to the PCM, who shall hand-deliver it to the inmate/patient if the inmate/patient is in custody, and maintain hand-delivered receipts obtained from the PCMs;
 - 3. Mail a certified letter to the last known address on file if the inmate/patient is no longer in custody.
- B. PCM shall:
 - 1. Hand-deliver notification if the inmate/patient is in custody. Obtain the inmate/patient's signature on the notification copy;
 - 2. Forward the notification signed by the inmate/patient to SIAB and file a copy in the facility PREA file.

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.

115.76 (a) -1 DSOP 15-008

STAFF SEXUAL MISCONDUCT/HARASSMENT

Sexual acts or sexual contact between staff and an inmate, *even* if the inmate consents, initiates, or pursues is always prohibited and illegal. There is no consensual sex in a custodial or supervisory relationship.

Any staff member who commits sexual assault/battery against an inmate supervised by MDCR is subject to criminal prosecution and/or disciplinary action up to and including termination. Further, those who engage in staff sexual misconduct/harassment, with an inmate without committing the crime of sexual assault/battery or subject may be subject to criminal prosecution. Failure to report an incident of staff sexual misconduct/harassment shall result in corrective and/or disciplinary action up to and including termination and criminal prosecution. Intimidation of a witness or retaliation against an inmate who refuses to submit to sexual activity is prohibited. All incidents of MDCR staff sexual misconduct/harassment shall be referred to the SIAB and if appropriate, the SIAB shall refer such incidents to the SAO. All sustained incidents of staff sexual misconduct/harassment shall result in corrective and/or disciplinary action, up to and including termination and criminal prosecution. Sustained allegations shall be forwarded to the Florida Department of Law Enforcement (FDLE).

115.76 (a) -1 IP-001

Staff who commits sexual battery/abuse/harassment involving an inmate/patient shall be subject to disciplinary action and/or criminal prosecution. Staff failing to report an incident of staff sexual battery/abuse/harassment shall result in corrective and/or disciplinary action up to and including termination and/or criminal prosecution in accordance with FS 944.35.

Auditors Response

The presumptive disciplinary sanction for staff who engage in sexual abuse of an inmate is termination. This termination is further outlined under 'Prohibited Contact', which continues to address inappropriate sexual conduct, sexual assault and sexual harassment as it relates to PREA. Compliance for this standard is based on the PREA audit questionnaire, policy, auditors notes, and discussion interviews with administrative and personnel staff.

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.

115.77 (a) -1 IP-001

Allegations of sexual battery/abuse by inmate/patient or staff or sexual misconduct by staff, contractor, or volunteer shall be referred to MDPD (SVB) for criminal investigations.

115.77 (b) -1IP-001

REPORTS OF SEXUAL BATTERY/ABUSE/HARASSMENT

The Facility/Bureau Supervisor shall ensure any MDCR/CHS staff, contractor, or volunteer alleged to have engaged in sexual battery/abuse is prohibited from contact with inmates/patients.

115.77 MWDC Corrective Action (supporting document)

115.77 IA Memo (supporting document)

Auditors Response

Corrective actions and discipline for contractors and volunteers is covered and defined by policies. Contractors and volunteers are held to the same standards of conduct as employees. Volunteers have all been trained and are aware of these expectations.

Compliance was based on the pre-audit questionnaire, existing policy, discussions, and interviews with administrative personnel staff, and volunteers.

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.

115.78 (a) -1 IP-001

INMATE SANCTIONS

An inmate/patient engaging in sexual activity with another inmate/patient or subjecting staff, visitors, contractors, and volunteers to lewd exhibitionism and/or masturbation shall be subject to any of the following:

- A. Formal disciplinary action;
- B. Administrative confinement, e.g. protection, investigation, pre-hearing segregation pending the inmate/patient disciplinary hearing;
- C. Disciplinary confinement, e.g., found guilty during the disciplinary hearing;
- D. Criminal prosecution, e.g., sexual battery/assault, lewd exhibitionism and/or masturbation.

Auditors Response

The Miami-Dade County inmate disciplinary policies and procedures defines all offender disciplinary rule violations and specifies disciplinary sanctions for each violation. The policy further stipulates behavior acts violating sexual assault and abuse categories and details sexual offenses for each category.

Miami-Dade clearly prohibits sexual activity between inmates. Compliance for this standard is based on the pre-audit questionnaire, existing policies and procedures, supporting documentation, and interviews including supervisory, medical and mental health.

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.

115.81 (a) (c) -1 DSOP 15-008

Classification Assessment

During the classification interview process, the following criteria shall be used to identify an inmate who has a history of sexual assault/abuse behavior and/or of being sexually victimized:

Inmate Profile System (IPS) history which may reflect that the inmate has a history of sexual assault/abuse behavior and/or has been a sexual assault victim.

If an inmate is identified as being ‘at risk’ based on the aforementioned criteria, the IMP shall be immediately notified for further assessment, treatment and/or counseling.

115.81 (a) (c) -1 IP-001

The Intake Registered Nurse (RN) shall:

- 1) Screen inmates/patients to determine their risk of becoming a victim of sexual battery/abuse;
- 2) Assess inmates/patients using the Medical and Behavioral Health Screening Tool and document in the Electronic Health Record (EHR);
- 3) Refer the inmates/patients that screen positive for mental illness, medical, and/or PREA (at risk), to the Qualified Medical Professional

(QMP) and/or Qualified Mental Health Professional (QMHP) for further evaluation to determine any special needs.

If the QMP/QMHP determines the inmate/patient is at risk of becoming a victim, the QMP/QMHP shall:

- 1) Complete a CHS Mental Health/Medical Relocation form notifying the IRB staff of an inmate/patient's risk status, e.g., previous victimization as related to PREA, transgender, and/or intersex;
- 2) Enter in the EHR a consult to reassess the at-risk inmate/patient by a QMHP within 14 days after the initial intake screening.

115.81 (a) (c) -4 Secondary Material Intake Automated Screening Tool

115.81 (a) (c) -4 Secondary Material Medical Screening Tool

115.81 MWDC PREA Memo (supporting document)

Auditors Response

Medical and mental health screening documentation was reviewed during this audit, included in the screenings a follow-up meeting was offered to inmates within the specific time frames (fourteen (14) days). Secondary documentation was also provided and reviewed which supported compliance with this standard. These practices reviewed included both medical and mental health services.

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.

115.82 (d) -1 JMH RTC-Forensic Exam

I. Purpose

To outline the forensic examiner's responsibilities when caring for a patient receiving a sexual assault forensic examination and collection of specimens for evidence.

Note: Forensic examination is offered free of cost to sexual assault victims.

115.82 (d) -1

The MDCR SART:

- Provides survivors with timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost.

Auditors Response

During the audit process the procedures for access to emergency/medical treatment in crisis intervention services were in place. Medical and mental health secondary forms were reviewed by random selection, however, during the interview process with medical and mental health staff the audit team received inconsistent messages regarding financial cost receiving treatment. Although the documentation was consistent with compliance of this standard the service providers interviewing and having face to face contact with inmates showed an inconsistent message to the inmates regarding financial obligations.

The resident information regarding financial costs were implemented to meet compliance with this standard.

Corrective Action

Inmate handbook needs to include a specific statement regarding no financial cost for inmates regarding PREA related matters. In addition, medical and mental health staff need to be trained and informed that there is no financial obligation to inmates.

IP-001 Inmate Sexual Battery/Abuse /Harassment Preventin and Response

MDCR and CHS shall ensure access to medical and mental health services, free of charge, to inmate/patient victims of sexual abuse.

Temporary Posting (Inmate Handbook due for revision at the end of the year).

Photos of PREA signs "FREE OF CHARGE" all in three (3) different languages.

Sticker (as follows).

**MEDICAL AND MENTAL HEALTH SERVICES
WILL BE PROVIDED TO SEXUAL
BATTERY/ABUSE VICTIMS FREE OF CHARGE**

**SEVIS MEDIKAL AK SANTE MANTAL
PRAL BAY A VIKTIM
BATRI/ABI SEKSYEL GRATIS.**

**SE PROPORCIONARÁN SERVICIOS MÉDICOS Y
DE SALUD MENTAL A VÍCTIMAS DE AGRESION
SEXUAL/ABUSO SIN CARGO.**

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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.

115.83 (a) -1 DSOP 15-008

The alleged victim(s) and inmate(s) shall be separately escorted to the IMP for medical assessment/treatment. IMP staff shall complete a Health Services Incident Addendum to document that the alleged victim(s) and offender(s) were examined; Upon completion of the IMP medical assessment, the alleged victim(s) shall be escorted to the Rape Treatment Center, if applicable; IMP staff shall refer the alleged victim(s) and offender(s) for mental health follow-up. This action shall be documented on a supplemental incident report, utilizing the same control number of the original MDCR Incident Report.

115.83 (a) -1 IP-001

CHS RESPONSE

When the alleged victim and perpetrator are taken to the clinic, the following process shall be adhered to:

- a. When the inmate/patient is the alleged victim:
 - 1) Render medical treatment and stabilization to alleged victim. If the alleged victim's condition is determined an emergency (e.g., excessive bleeding), the QHP shall:
 - a) Immediately refer the alleged victim to the RTC; and
 - b) Notify the Shift Supervisor/Commander to coordinate transportation to the RTC and to notify MDPD (SVB);
 - 2) Immediately notify the Associate Nurse Manager/Charge Nurse;
 - 3) Take all practical steps to preserve forensic evidence;
 - 4) Consult QMHP for evaluation and additional support services, as necessary;
 - 5) Complete a Health Services Incident Addendum to document that the alleged victim was assessed;
 - 6) Complete an incident report in the CHS Incident Reporting System;
 - 7) Review the alleged victim's discharge instructions upon return from the RTC:
 - a) Offer pregnancy tests to victims of sexual abuse when vaginal penetration has occurred;
 - b) Provide follow-up testing and counseling for sexually transmitted diseases, and post-exposure prophylactic treatment, as necessary;
 - c) Refer the alleged victim to be seen by a QMHP within 24 hours of returning from RTC. The QMHP shall:
 - i. Evaluate the alleged victim and assess the need for crisis intervention counseling and long-term follow-up care;
 - ii. Document the alleged victim's medical and mental health complaints, findings, and the treatment plan in the EHR.
 - 8) Maintain confidentiality regarding the condition and care of the inmate/patient.

Auditors Response

The Miami-Dade County policies regarding emergency services health care directs that inmates of sexual abuse receive timely and unimpeded access to emergency medical treatment. The nature and scope of these services are determined by medical and mental health practitioners. Policies also requires healthcare staff maintain supportive documentation demonstrating timeliness of receipt of emergency medical treatment and crisis intervention. The medical and mental health staff interviewed for the most part revealed a very professional, dedicated and hard working group. There was an obvious commitment to following and complying to PREA law. As noted above, the inconsistent message to inmates regarding financial burden and cost remains a concern for all medical and mental health services received.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
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115.86 (a) -1 DSOP 15-008

On a monthly basis, the PREA Coordinator shall be responsible for data collection and reporting the findings to the Research, Evaluation and Data Unit to populate monthly and annual reports.

The Facility/Bureau Supervisor shall review all cases of alleged inmate sexual assault/battery and staff sexual misconduct/harassment for his/her respective entity on a quarterly basis to ensure that incidents are accurately tracked in accordance with the definitions set forth by PREA and mandated by the USDOJ/BJA. The Facility PREA Manager will forward statistical data to the PREA Coordinator on a monthly basis for the data required to comply with the USDOJ/BJA.

The PREA Coordinator shall review data collected/aggregated in order to assess and improve reporting processes and data dissemination.

115.86 (a) -1 IP-001

A. Allegations of sexual battery/abuse by inmate/patient or staff or sexual misconduct by staff, contractor, or volunteer shall be referred to MDPD (SVB) for criminal investigations. Upon completion of criminal investigations, SIAB shall conduct administrative investigations only for alleged staff sexual misconduct, if warranted, in accordance with DSOP 4-015 "Complaints, Investigations and Dispositions"

B. SIAB shall conduct compelled interviews of staff only after the MDPD (SVB) completes the criminal investigation and the investigation has been reviewed by the State Attorney's Office;

C. Following completion of SVB's investigation, MOCR administrative investigation shall be conducted for all allegations of sexual battery/abuse/harassment involving staff, contractors, and volunteers. Administrative investigations shall.

1. Identify if staff actions or failures to act contributed to the abuse including review of classification and housing decisions;
2. Document a description of the physical and testimonial evidence, and investigative facts and findings;
3. Make recommendations to the Facility/Bureau Supervisor who shall initiate a plan of action to address issues identified in the administrative investigation, including assignment of responsibilities to complete the work and a time schedule, and follow up.

115.86 MDCR SART Protocol

Auditors Response

The incident review team documentation was reviewed, the team is responsible for reviewing changes in policy and practice, motivating factors of incidences, physical barriers in the area where the incident took place, staffing levels and monitoring technology. If an incident is reviewed the team prepares a report of their findings and implements recommendations.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
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115.87 (a) (c) -1 & 2 Survey of Sexual Victimization

115.87 (a) (c) -1 DSOP 4-018

Early Warning/Intervention System (EWIS)

The Administrative Investigations Management (AIM) and Incident Self-Audit System (ISAS) comprise the EWIS. The SIAB manages AIM and forwards an electronic monthly report to command staff. The report lists staff who have exhibited a pattern of behavior/action, and/or trends that may require supervisory intervention. Facility/Bureau Supervisors may intervene and correct negative performance/behavior by referring staff to counseling, additional training, and/or recommending other corrective measures as necessary. The

TAAP Unit administers ISAS to collect data, e.g., critical incidents, use of force incidents, grievances, etc. Facility/Bureau Supervisors submit reports and results of reviews to the TAAP Unit Supervisor.

Reports

The TAAP Unit shall:

1. Prepare and provide quarterly reports to internal and external stakeholders for the following:
Sexual Abuse Incidents:
 - a) Allegations (sexual assault or misconduct);
 - b) Investigating Entity;
 - c) Outcome of Investigations.

115.87 (a) (c) -1 DSOP 15-008

All case records associated with sexual assault/battery allegations, e.g., MDCR Incident Reports, investigative reports, case dispositions, offender/victim information, medical/mental health findings, counseling evaluation findings, and recommendations for post release treatment, etc., shall be retained in accordance with the HIPPA of 1996 and legal requirements of the jurisdiction. In addition, MDCR staff with access to an inmate's medical records and information shall adhere to the confidentiality requirements in order to maintain the privacy of the inmate.

In order to comply with the United States Department of Justice, Bureau of Justice Statistics (USDOJ/BJJS), reporting requirements, MDCR shall collect and maintain sexual assault/battery and sexual misconduct/harassment data. On a monthly basis, the PREA Coordinator shall be responsible for data collection and reporting the findings to the Research, Evaluation and Data Unit to populate monthly and annual reports. BJS criteria shall be used to collect and report data for all incidents of inmate sexual assault/battery and sexual misconduct/harassment towards inmates. The Facility/Bureau Supervisor shall review all cases of alleged inmate sexual assault/battery and staff sexual misconduct/harassment for his/her respective entity on a quarterly basis to ensure that incidents are accurately tracked in accordance with the definitions set forth by PREA and mandated by the USDOJ/BJJS. The Facility PREA Manager will forward statistical data to the PREA Coordinator on a monthly basis for the data required to comply with the USDOJ/BJJS.

Each February, the PREA Coordinator will prepare an annual status report of the previous year for submission to the Director. The report will consist of information gathered from the various entities within MDCR.

The PREA Coordinator shall review data collected/aggregated in order to assess and improve reporting processes and data dissemination.

AUDITS

The USDOJ requires audits to verify compliance every three years. Only individuals certified under guidelines established by the USDOJ can conduct an audit for PREA Compliance.

115.87 (a) (c) -1 IP-001

Collect, maintain, and report sexual battery/abuse/harassment data to the Bureau of Justice Statistics (BJS). MDCR shall provide all pertinent data for every allegation of sexual abuse from the previous calendar year to the BJS.

Auditors Response

Collection of accurate and uniformed data for all allegations of sexual abuse are gathered. The standardized instrument utilized was developed from the Department of Justice Survey of Sexual Violence. This data is aggregated annually. The agency has provided the Department of Justice with this data from the previous calendar year.

Standard 115.88 Data review for corrective action

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115.88 (c) -1 Link to Website

Auditors Response

Data collection practices were reviewed during the audit process. Annual reports of findings from data with reviews and corrective actions were demonstrated. This annual report is also made available on the agency's website. The director of the agency is responsible for the approval of the report and its publication.

Standard 115.89 Data storage, publication, and destruction

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115.89 (a) (b) -1 DSOP 15-008

All case records associated with sexual assault/battery allegations, e.g., MDCR Incident Reports, investigative reports, case dispositions, offender/victim information, medical/mental health findings, counseling evaluation findings, and recommendations for post release treatment, etc., shall be retained in accordance with the HIPPA of 1996 and legal requirements of the jurisdiction. In addition, MDCR staff with access to an inmate's medical records and information shall adhere to the confidentiality requirements in order to maintain the privacy of the inmate.

On a monthly basis, the PREA Coordinator shall be responsible for data collection and reporting the findings to the Research, Evaluation and Data Unit to populate monthly and annual reports. BJS criteria shall be used to collect and report data for all incidents of inmate sexual assault/battery and sexual misconduct/harassment towards inmates. The Facility/Bureau Supervisor shall review all cases of alleged inmate sexual assault/battery and staff sexual misconduct/harassment for his/her respective entity on a quarterly basis to ensure that incidents are accurately tracked in accordance with the definitions set forth by PREA and mandated by the USDOJ/BJS.

Each February, the PREA Coordinator will prepare an annual status report of the previous year for submission to the Director. The report will consist of information gathered from the various entities within MDCR.

The PREA Coordinator shall review data collected/aggregated in order to assess and improve reporting processes and data dissemination.

115.89 (a) (b) -1 IP-001

Case files for sexual battery/abuse/harassment allegations, e.g., incident reports, investigative reports, and case dispositions, shall be maintained electronically by SIAB. Original medical and psychological documentation shall be maintained in the inmate/patient's EHR. Staff with access to an inmate/patient's records and information shall adhere to confidentiality requirements. The following review shall occur: Prepare a status report of the previous calendar year for submission to the Director annually. The report shall consist of information collected from each entity. The Director's Office shall publish the information on the MDCR's public website, annually.

115.89 (a) -1 DSOP 24-002

INFORMATION PROHIBITED FROM RELEASE

Information (including photographs, names, addresses or other facts) which reveal the identity of an individual who was a victim of:

- a. Sexual offense.

115.89 (b) -1 MDCR Website

115.89 (c) -2 DSOP 5-007

The General Records

Schedule/GS2 provides uniform procedures for the scheduling and disposal of public records maintained by criminal justice agencies.

The following lists identifies those records that should be kept longer than required by the General Records Schedule/GS2, but not longer than the statute of limitation:

Audit Sheets	GS2 Retention Requirements-1 year	C&R Retention Records-4 years
Incident Reports	GS2 Retention Requirements-1 year	C&R Retention Records-4 years

115.89 (c) -2 IP-001

All written reports referencing the investigation shall be retained for as long as the alleged perpetrator is incarcerated or employed by MDCR, plus five years.

Auditors Response

The data storage policy was reviewed which ensures that all aggregated sexual abuse data is available to the public and securely retained. The Miami-Dade policy maintains sexual abuse data for atleast ten (10) years after the date of collection. All personal identifiers are removed prior to being made available to the public.

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.

Michael Radon

February 23,2018

Auditor Signature

Date