



# MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT CORRECTIONS HEALTH SERVICES

<b>INTERAGENCY POLICY:</b>	IP-001	YEAR: 2017	VERSION: 1
<b>SUBJECT:</b>	INMATE SEXUAL BATTERY/ABUSE/HARASSMENT PREVENTION AND RESPONSE		

	<b>EFFECTIVE DATE:</b> April 17, 2017	
	<b>SUPERSEDES:</b> NEW	
	<b>MODIFICATIONS:</b> All Pages	

## I. POLICY

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.

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.

An inmate/patient who commits sexual battery/abuse/harassment involving another inmate shall be subject to disciplinary action and/or criminal prosecution.

## II. DEFINITIONS

Direct Supervision, Electronic Health Record, Facility Health Services Administrator, Intersex, Prison Rape Elimination Act, Prison Rape Elimination Act Compliance Manager, Prison Rape Elimination Act Coordinator, Qualified Health Care Professional, Qualified Medical Professional, Qualified Mental Health Professional, Queue Management System, Registered Nurse, Sexual Abuse by Inmate, Sexual Abuse by Staff, Contractor, or Volunteer, Sexual Activity, Sexual Assault Response Team, Sexual Battery, Sexual Harassment by Inmate, Sexual Harassment by Staff, Contractor, or Volunteer, Sexual Misconduct, Substantiated, Transgender, Voyeurism, Unfounded, Unsubstantiated, Zero Tolerance

## III. PREVENTION

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

### A. **INMATE ASSESSMENTS**

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.

#### 1. Intake

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

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

Intake 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 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.
- 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 within 14 days after the initial intake screening.
- d. IRB staff shall:
  - 1) Complete a MDCR [Incident 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 by QMP/QMHP:
  - 1) Facility/Bureau Supervisor;
  - 2) Classification Unit Shift Supervisor;
  - 3) PREA Coordinator;
  - 4) PREA Compliance Manager (PCM).

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### 2. 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.
- c. Complete an Incident Report.

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/patient's risk of sexual victimization or abuse;
- 5) A transfer to another MDCR facility.

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### B. INMATE ORIENTATION

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.

Inmates/patients shall sign the [Inmate Orientation Statement](#) form acknowledging receipt and understanding of the information provided. The Classification Officer shall place the signed Inmate Orientation Statement form in the inmate/patient's Inmate Profile System folder.

### C. STAFFING

MDCR Facility/Bureau Supervisors, Division Chiefs, Assistant Directors, and the Director shall perform the following through the annual budget process:

1. Complete a staffing assessment considering the number of sexual battery/abuse/harassment incidents and any other relevant factors, e.g., staff is needed for transportation to/from medical and mental health units, when calculating adequate staffing levels;
2. Consult with the PREA Coordinator annually to assess, determine, and document if adjustments are needed to the:
  - a. Staffing assessment;
  - b. Facility's deployment of video monitoring systems and other monitoring technologies.
3. Develop, document, and comply with a plan that provides adequate staffing to protect inmates/patients against sexual battery/abuse/harassment. Refer to DSOP 6-030 "Review of Staffing Requirements" for additional information;
4. Forward the proposed staffing assessments to the MDCR Director for review and approval of a comprehensive staffing analysis plan to be presented to the Office of Management and Budget during the annual budget/resource allocation process.

Note: In the event the staffing plan is not fully funded, the Director may engage in negotiations. Records of the proposed staffing plan shall be maintained on file in the Director's Office.

### D. UNANNOUNCED ROUNDS

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

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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.

#### **IV. REPORTS OF SEXUAL BATTERY/ABUSE/HARASSMENT**

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. Additionally:

- A. The Shift Supervisor/Commander shall immediately notify the Miami-Dade Police Department (MDPD) Special Victims Bureau (SVB) by telephone;
- B. 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;
- C. Staff shall not disclose any information regarding an inmate/patient's report of allegations of sexual battery/abuse/harassment to anyone other than those required to provide treatment, conduct investigations, and/or make security and management decisions;
- D. If an allegation is received that an inmate/patient was sexually assaulted or abused while confined at another correctional 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.

#### **V. 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:

##### **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;

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- 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).
3. Shift Supervisor/Commander shall:
- a. 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.
  - b. Notify the PREA Coordinator;
  - c. Make notifications in accordance with DSOP 10-003 "Major Incident Reporting Procedures";
  - d. Coordinate transportation of the alleged victim to and from the RTC if:
    - 1) MDPD (SVB) refers the alleged victim to the RTC; and
    - 2) Allegation involves physical contact (i.e., vaginal, anal, oral penetration occurred); and
    - 3) Allegation occurred within 120 hours of the inmate/patient's report.

Note: The alleged victim has the right to decline a forensic examination.

If the allegation does not meet the above criteria:

    - 1) The alleged victim shall not be transported to the RTC;
    - 2) The response process shall continue; and
    - 3) The alleged victim shall be offered available medical treatment, follow-up care, and counseling by QHP/QMHP.
  - e. Ensure the Classification Unit is notified to determine if a reclassification is necessary;
 

Note: 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.
  - f. Ensure that a [Sexual Battery/Abuse/Harassment Allegations Checklist](#) is completed;

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- g. Maintain a log of events and chain of custody involving suspected evidence;
- h. Ensure that an Incident Report has been completed. Attach the Incident Report to the following documents and place in an envelope marked "Confidential":
  - 1) A photocopy of the Daily Inmate Population Report of the area where the alleged incident occurred;
  - 2) A photocopy of the duty roster where the alleged incident occurred if the alleged perpetrator is an employee;
  - 3) A photocopy of the Jail Booking Record (jail card) for the alleged victim and alleged perpetrator;
  - 4) [Inmate/Witness Statement](#) and/or [Subject/Victim Statement](#) from inmates/patients present when the alleged incident occurred upon approval of MDPD's assigned supervisor in this investigation;
  - 5) Supplemental incident reports from staff upon consulting with MDPD;
  - 6) Physical Sight Check Sheet;
  - 7) Photocopy of the page from the area log book covering the time period of the alleged incident;
  - 8) Video recording of the location where the incident occurred.

Note: Hand-deliver envelope to the PCM by the end of the shift.

- 4. Transporting Officer shall:
  - a. Transport the alleged victim to and from the RTC;
  - b. Ensure discharge instructions are received from the RTC staff in a sealed envelope;
  - c. Transport the alleged victim to the clinic upon return to the facility for follow-up care;
  - d. Hand-deliver the sealed envelope to QHP staff;
  - e. Notify the Shift Supervisor that the alleged victim was escorted to the clinic;
  - f. Escort the inmate/patient to the housing unit assigned by Classification.

### **B. CHS RESPONSE**

When the alleged victim and perpetrator are taken to the clinic, the following process shall be adhered to:

- 1. QHP staff shall:
  - 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:

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- 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.
- b. When the inmate/patient is the alleged perpetrator:
  - 1) Complete a Health Services Incident Addendum to document that the alleged perpetrator was assessed. Refer the alleged perpetrator to QMHP. The QMHP shall:
    - a) Evaluate and offer counseling to the alleged perpetrator;
    - b) Document findings and the treatment plan in the EHR.
  - 2) Maintain confidentiality regarding the condition and care of the inmate/patient.
2. The Associate Nurse Manager/Charge Nurse shall notify:
  - a. Facility Director of Patient Care Services;
  - b. Facility Health Services Administrator;
  - c. CHS Chief Nursing Officer;



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- 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.

### **VI. RESPONSE TO REPORTS OF STAFF-ON-INMATE SEXUAL BATTERY/ABUSE/HARASSMENT**

When staff learns of an inmate/patient's allegation of sexual battery/abuse/harassment by a staff member, contractor or volunteer, the following procedures shall be adhered to:

- A. Sworn staff shall:
  - 1. Notify the Shift Supervisor/Commander immediately upon learning about and/or suspecting sexual misconduct;
  - 2. Separate alleged victim from the alleged staff member if this is a contemporaneous event;
  - 3. Initiate an Incident Report.
  
- B. QHP staff shall:
  - 1. Notify the Shift Supervisor/Commander immediately upon learning about and/or suspecting sexual misconduct (and include identifying signs and/or symptoms of sexual battery/abuse not reported previously);
  - 2. Notify the Associate Nurse Manager/Charge Nurse immediately;
  - 3. Follow instructions in Section V.B.1. a. and 2 for additional responsibilities.
  
- C. The Shift Supervisor/Commander shall:
  - 1. Notify MDPD (SVB) and Security and Internal Affairs Bureau (SIAB) by telephone;
  - 2. Notify the PREA Coordinator;
  - 3. Make notifications in accordance with DSOP 10-003 "Major Incident Reporting Procedures";
  - 4. Ensure the alleged victim is escorted to a secure area (e.g., clinic holding cell). Advise the alleged victim not to eat, drink, change clothes, shower, or use the restroom to ensure the preservation of evidence;
  - 5. Ensure the crime scene is secured in accordance with DSOP 11-028 "Preservation of a Crime Scene";
  - 6. Ensure a Physical Sight Check Sheet is initiated;
  - 7. Ensure the alleged victim is escorted to the clinic;
  - 8. Follow procedures in Section V.A. 3 for additional responsibilities.

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**VII. RESPONSE TO REPORTS OF INMATE-ON-INMATE SEXUAL HARASSMENT**

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

- A. Sworn staff shall:
  - 1. Notify the Area Supervisor and Shift Supervisor/Commander immediately upon learning of sexual harassment allegation;
  - 2. Separate alleged victim from the alleged perpetrator;
  - 3. Initiate an Incident Report.
- B. Area Supervisor shall ensure the alleged victim is escorted to the clinic;
- C. Shift Supervisor/Commander shall:
  - 1. Notify MDPD (SVB). If MDPD determines an investigation is not warranted, then:
  - 2. Notify the PREA Coordinator;
  - 3. Ensure the incident report package is forwarded to the PCM.
- D. PCM shall:
  - 1. Review the Incident Report and documentation submitted related to the allegation;
  - 2. Make a determination of whether or not to initiate inmate disciplinary process based on all relevant factors. Refer to DSOP 16-001 "Inmate Disciplinary Procedures" for additional information.

**VIII. SEXUAL ASSAULT RESPONSE TEAM (SART) MEMORANDUM/EXECUTIVE SUMMARY**

A SART Memorandum shall be prepared by the PCM for all reports of alleged sexual battery/abuse/harassment.

The PCM shall:

- A. Review the Incident Report and documentation submitted related to the incident;
- B. Corroborate the responses by CHS, Classification, and SIAB to ensure the process was followed;
- C. Document any additional follow ups and findings;
- D. Submit the memorandum with the original incident report package to the Facility/Bureau Supervisor the next business day following the incident and a copy to SIAB.

An executive summary memorandum shall be prepared by the Facility/Bureau Supervisor and submitted with the incident report package to the Director's office within five business days.

**IX. RETALIATION**

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.

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The PCM shall monitor the conduct and treatment of inmates/patients or staff (e.g., inmate disciplinary reports, housing changes, negative performance reviews or 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.

### **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;
- 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.

### **XI. REPORTING TO INMATES**

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;

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- 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.

When the allegation involves inmate-on-inmate sexual battery/abuse, SIAB shall report to the victim if:

- A. The alleged perpetrator has been indicted on a charge related to sexual abuse within the facility;
- B. The agency learns that the alleged perpetrator has been convicted on a charged 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.

### **XII. 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.

Refer to DSOP 12-002 "Inmate Administrative and Disciplinary Confinement" and DSOP 16-001 "Inmate Disciplinary Procedures" for additional information.

### **XIII. DOCUMENTATION AND REVIEWS**

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:

- A. The PCMs shall:
  1. Coordinate a sexual abuse incident review with the SART at the conclusion of every sexual abuse investigation, including unsubstantiated allegations, unless the allegation has been determined to be unfounded. The SART includes PCM, investigators, and CHS medical/mental health staff;

# MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT

## CORRECTIONS HEALTH SERVICES

<b>INTERAGENCY POLICY:</b>	IP-001	YEAR: 2017	VERSION: 1
<b>SUBJECT:</b>	INMATE SEXUAL BATTERY/ABUSE/HARASSMENT PREVENTION AND RESPONSE		

2. Conduct the review within 30 days of the conclusion of the investigation.

B. The PREA Coordinator shall:

1. 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;
2. Review data to assess and improve sexual abuse prevention, detection and response policies, practices, training;
3. Collect data from PCMs monthly;
4. Meet monthly with MDPD (SVB) and SIAB to follow up the status of open cases;
5. 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.

C. Compliance, Inspections and Auditing Bureau (CIAB) shall:

1. Ensure certified PREA auditors conduct compliance audits for each facility every three years;
2. Conduct periodic and/or unannounced inspections to ensure compliance with PREA standards at all facilities.

D. MDCR shall review and adopt future PREA regulations as approved by the U. S. Department of Justice.

#### **XIV. 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 QMS 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.

#### **XV. CROSS REFERENCES**

CHS-015 "Federal Sexual Assault Reporting Regulations"

# MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT CORRECTIONS HEALTH SERVICES

<b>INTERAGENCY POLICY:</b>	<b>IP-001</b>	<b>YEAR: 2017</b>	<b>VERSION: 1</b>
<b>SUBJECT:</b>	<b>INMATE SEXUAL BATTERY/ABUSE/HARASSMENT PREVENTION AND RESPONSE</b>		

CHS-033 "Intake and Receiving Screening"

CHS-036 "Initial Health Assessment"

CHS-048 "Gender Designation"

DSOP 4-015 "Complaints, Investigations and Dispositions"

DSOP 6-029 "Discrimination, Harassment, and Retaliation"

DSOP 6-030 "Review of Staffing Requirements"

DSOP 7-001 "Departmental Training"

DSOP 10-003 "Major Incident Reporting Procedures"

DSOP 11-015 "Employee Association with Inmates, Ex-Inmates or Criminal Element"

DSOP 11-020 "Facility Check Procedures"

DSOP 11-022 "Frisk and Strip Search Procedures"

DSOP 11-028 "Preservation of a Crime Scene"

DSOP 11-030 "Logs and Other Record Keeping Systems"

DSOP 11-040 "Digital and/or Network Video Recordings"

DSOP 12-001 "Juvenile Intake, Classification, Housing and Programs"

DSOP 12-002 "Inmate Administrative and Disciplinary Confinement"

DSOP 12-007 "Americans with Disabilities Act – Inmates and Visitors"

DSOP 15-001 "Inmate Complaint/Grievance Process"

DSOP 16-001 "Inmate Disciplinary Procedures"

DSOP 17-005 "Limited English Proficiency"

DSOP 18-010 "Intake and Positive Identification Procedures"

DSOP 18-017 "Transgender Inmates"

DSOP 19-005 "Objective Jail Classification"

DSOP 23-001 "Use of Non-Staff/Volunteers and Contractors"

## **XVI. RELATED REFERENCES**

Florida Statutes 119.071, 394.4593, 775.082, 775.083, 775.084, 794.011, 794.024, 944.35, 951.221, and 951.23

Prison Rape Elimination Act, Prisons and Jail Standards, 28 C.F.R. Part 115, dated May 17, 2012

# MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT CORRECTIONS HEALTH SERVICES

<b>INTERAGENCY POLICY:</b>	<b>IP-001</b>	<b>YEAR: 2017</b>	<b>VERSION: 1</b>
<b>SUBJECT:</b>	<b>INMATE SEXUAL BATTERY/ABUSE/HARASSMENT PREVENTION AND RESPONSE</b>		

Sexual Assault Response Team (SART) Protocol

## **XVII. STANDARDS**

PREA	115.11, 115.13, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.51, 115.52, 115.61, 115.63, 115.64, 115.65, 115.67, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.93, 115.401
FMJS	2.17, 3.02 (d), 13.02 (5-7), 13.06, and 20.03
ACA	2-CO-1C-11, 2-CO-1D-02, 1-ABC-1C-05, 4-ALDF-2A-29, 4-ALDF-4D-22-1 thru 4-ALDF-4D-22-8, 4-ALDF-6A-07, 4-ALDF-7B-08, 4-ALDF-7B-10, and 4-ALDF-7E-01
FCAC	4.02M, 5.02 M, 5.10 M, 6.21 M, 9.15 M, 9.16 M, 19.19 M
NCCHC	J-B-04 and J-B-05

## **XVIII. REVOICATIONS**

CHS-015-A "Procedures in the Event of Sexual Assault"

DSOP 15-008 "Inmate Sexual Assault/Abuse Prevention", effective August 6, 2012.

Any language in a DSOP, Procedural Directive, Standard Operating Procedure, Post Order, and/or written correspondence that conflicts with this policy is hereby revoked.

## **FORMS/SUPPORTING DOCUMENTS**

- [Health Services Incident Addendum](#)
- [Incident Report](#)
- [Inmate Grievance](#)
- [Inmate Orientation Statement](#)
- [Inmate/Witness Statement](#)
- [Mental Health/Medical Relocation - CHS](#)
- [Monthly PREA Memorandum](#)
- [Physical Sight Check Sheet](#)
- [Protection Against Retaliation](#)
- [Sexual Battery/Abuse/Harassment Allegations Checklist](#)
- [Sexual Battery/Abuse/Harassment Awareness Pamphlet](#)
- [Subject/Victim Statement](#)
- [Training Requirements](#)
- [Victim and/or Predator Screening Instrument](#)

# DEFINITIONS

## Interagency Policy

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

### **Direct Supervision**

Inmates supervised by staff within the same room or area and within reasonable hearing distance of the inmates, allowing direct interaction, and unscheduled observation of inmates at all times.

### **Electronic Health Record**

An electronic system used to document patient healthcare information.

### **Facility Health Services Administrator**

A professional correctional health administrator who manages and oversees the health care delivery programs, i.e., medical, dental, and behavioral health, at each Miami-Dade Corrections and Rehabilitation Department facility.

### **Intersex**

A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

### **Prison Rape Elimination Act**

A federal law enacted by Congress in 2003, to address the problem of sexual abuse of persons in the custody of United States correctional agencies. A major component of PREA is adopting national standards to detect, prevent, reduce, and respond to in custody rape incidents.

### **Prison Rape Elimination Act Compliance Manager**

A staff member assigned to serve as the point person for PREA related matters within their respective facility.

### **Prison Rape Elimination Act Coordinator**

A staff member assigned to the Compliance, Inspection and Audit Bureau (CIAB) who serves as MDCR PREA Coordinator to develop, implement, and oversee efforts to comply with PREA standards in all facilities.

### **Qualified Health Care Professional**

Physicians, physician assistants, nurses, Advanced Registered Nurse Practitioner (ARNP), and dentists who provide services within the scope of their practice, licensure, training, supervision, and qualifications.

### **Qualified Medical Professional**

A physician, physician's assistant or nurse practitioner who is currently licensed by the State of Florida to deliver those health care services he/she has undertaken to provide.

### **Qualified Mental Health Professional**

Psychiatrists, ARNPs, psychologists, licensed social workers, and licensed mental health counselors (LMHC) who by virtue of their training and experience are qualified to provide mental health care.

### **Queue Management System**

An automated intake system used to track all arrestees during the intake process.

### **Registered Nurse**

Any person registered and licensed to practice professional nursing.



# DEFINITIONS

## Interagency Policy

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

### **Sexual Abuse by Inmate**

Sexual abuse of an inmate by another inmate includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
4. Any other intentional touching, either directly or through the clothing, or the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

### **Sexual Abuse by Staff, Contractor, or Volunteer**

Sexual abuse of an inmate by staff, contractor, or volunteer includes any of the following acts, with or without consent of the inmates:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Contact between the mouth and any body part where the staff, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
5. Any other intentional contact, either directly or through the clothing, of or with genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
6. Any attempt, threat, or request by staff, contractor, or volunteer to engage in the activities described in paragraphs 1-5 of this section;
7. Any display by staff, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate; and
8. Voyeurism by staff, contractor, or volunteer.

### **Sexual Activity**

Activities of sexual nature, with or without consent, to include sexual battery, sexual abuse, sexual misconduct, intentionally masturbating in the presence of another person and exposing the genitals in a lewd or lascivious manner in the presence of another person.

### **Sexual Assault Response Team**

A collaborative multidisciplinary team that provides a specialized, coordinated, immediate response to survivors of sexual assault.

### **Sexual Battery**

Non-consensual oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object. However, sexual battery does not include an act performed for bona fide medical purpose.

### **Sexual Harassment by Inmate**

Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate to another.

# DEFINITIONS

## Interagency Policy

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

### **Sexual Harassment by Staff, Contractor, or Volunteer**

Repeated verbal comments or gestures of a sexual nature to an inmate, by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

### **Sexual Misconduct**

Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, or agency representative. This includes acts or attempts to commit such acts including, but not limited to, sexual battery, sexual abuse, and sexual harassment by staff, contractors, or volunteers. Sexual misconduct also includes, but is not limited to, conversations or correspondence that suggests a romantic relationship between an inmate and any party referenced above.

### **Substantiated**

An allegation that was investigated and determined to have occurred.

### **Transgender**

A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

### **Voyeurism**

A staff member, contractor, or volunteer who invades the privacy of an inmate for reasons unrelated to official duties, such as peering at an inmate who is using the toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

### **Unfounded**

An allegation that was investigated and determined not to have occurred.

### **Unsubstantiated**

An allegation that was investigated and evidence was insufficient to make a final determination that the incident occurred.

### **Zero Tolerance**

An operational and philosophical standard that focuses on establishing a culture of intolerance to sexual misconduct against inmates by inmates or staff.

**Date:** June 7, 2017

**To:** All Personnel

**From:** Daniel Junior, Interim Director  
Corrections and Rehabilitation Department

**Subject:** Procedural Directive Revisions to DSOP 16-001 "Inmate Disciplinary Procedures" and IP-001 "Inmate Sexual Battery/Abuse/Harassment Prevention and Response"  
Inmate Sexual Activity (Specifically Involving Indecent Exposure, Lewd Exhibitionism and/or Masturbation)

Any inmate who subjects staff, visitors, contractors, volunteers, etc. to indecent exposure, lewd exhibitionism, and/or masturbation shall be disciplined and subjected to criminal prosecution in accordance with Departmental Standard Operating Procedure (DSOP) 16-001 "Inmate Disciplinary Procedures" and IP-001 "Inmate Sexual Battery/Abuse/Harassment Prevention and Response." The department has zero tolerance for this type of behavior and there shall be no exceptions to this directive. Violations of this nature are considered serious major Category II rule violations and shall be handled by the Disciplinary Committee in a timely manner. If the inmate is found guilty, the violation(s) shall result in a loss of gain time, privileges, and/or disciplinary confinement for a period not less than 30 days.

Sexual activity, e.g., indecent exposure, lewd exhibitionism, and/or masturbation of any kind shall not be tolerated. Staff who witnesses, receives report, and/or is subjected to this activity shall report the incident immediately to his/her supervisor. Additionally, an obscene act such as indecent exposure, lewd exhibitionism, and/or masturbation shall be considered a criminal act, as well as a departmental rule violation, and shall be handled as follows:

- **Staff who is subjected to, receives report, or witnesses** - shall immediately generate an [Incident Report](#) detailing the facts (without personal opinion or editorials) supporting the incident;
- **Shift Supervisor/Commander** - shall review and ensure all required documents are contained in the incident report package, to include video download, witness statements, etc. in accordance with the [Lewd and Lascivious Behavior/Indecent Exposure Complaint](#) checklist. A copy of the incident report package shall be forwarded to the Facility/Bureau Supervisor;
- **Facility/Bureau Supervisor** - shall ensure a disciplinary hearing is conducted in accordance with DSOP 16-001 "Inmate Disciplinary Procedures." The Facility/Bureau Supervisor shall ensure an electronic copy of the complete incident report package is forwarded to the MDCR Senior Legal Advisor. The original incident report package shall be retained at the facility. The package shall not be delayed due to the inmate disciplinary process;
- **MDCR Senior Legal Advisor** - shall review the package for completeness, maintain an electronic copy, and forward the package to the State Attorney's Office (SAO) for a criminal complaint against the subject inmate. This action is a direct file with the SAO; therefore, full cooperation with the SAO shall be required to ensure a conviction against the subject inmate.

The Facility/Bureau Supervisor shall maintain originals of all records of incidents regarding inmate sexual activity and related disciplinary actions. In addition, the Facility/Bureau Supervisor, with the assistance of Reentry Program Services Bureau staff, shall assess the following on a bi-weekly basis and include findings in their bi-weekly report to the Assistant Director of Custody Services, via their respective Division Chief:

- Number of Inmate Disciplinary Reports generated, to include violation(s) cited;
- Number of Inmate Disciplinary Reports regarding sexual activity, specifically involving Indecent Exposure, Lewd Exhibitionism, and/or Masturbation;
- Number of Inmate Disciplinary Hearings conducted regarding inmate sexual activity, specifically involving Indecent Exposure, Lewd Exhibitionism, and/or Masturbation;
- Number of incidents of inmate sexual activity, specifically involving Indecent Exposure, Lewd Exhibitionism, and/or Masturbation, referred to SAO requesting criminal prosecution;
- Any trends, increased occurrences, and/or process deficiencies identified;
- Action taken to address any trends, increased occurrences, and/or deficiencies identified.

## **D17-006**

Procedural Directive Revisions to DSOP 16-001 and IP-001

Inmate Sexual Activity (Specifically Involving Indecent Exposure, Lewd Exhibitionism and/or Masturbation)

**The Facility/Bureau Supervisor shall continue to monitor such activity and take necessary corrective actions to promote an environment free of inmate sexual activity, e.g., indecent exposure, lewd exhibitionism, and/or masturbation.**

All staff, including Correctional Health Services (CHS), shall acknowledge receipt of this directive.

This Directive supersedes Acting Assistant Director Daniel Junior's Memorandum dated, April 16, 2014.

Any language in a Departmental Standard Operating Procedure, Procedural Directive, Standard Operating Procedure, Post Order and/or written correspondence that conflicts with this directive is hereby revoked.

DJ/WM/vs

### **FORMS AND SUPPORTING DOCUMENTS**

[Incident Report](#)

[Lewd and Lascivious Behavior/Indecent Exposure Complaint](#)



# MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT



## Incident Report

CONTROL NUMBER								DATE	TIME	DAY	LOCATION (CODE AND DESCRIPTION)

INCIDENT CLASSIFICATION CODES	
TYPE 1 (CODE AND DESCRIPTION):	_____
TYPE 2 (CODE AND DESCRIPTION):	_____
MAJOR INCIDENT	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, type (code and description): _____ If code is "Other," describe: _____
STAFF INJURY	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, injured staff Name/Badge #: _____
MEDICAL TREATMENT	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, type (code and description): _____
RESPONSE TO RESISTANCE	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, reason for RTR (code and description): _____
ATTEMPTED BATTERY/BATTERY	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, cause of ATT BATT/BATT (code and description): _____
WEAPON	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, "Contraband" must be checked "Yes"
CONTRABAND	YES <input type="checkbox"/> NO <input type="checkbox"/>
USE FORCE	YES <input type="checkbox"/> NO <input type="checkbox"/> CHARGES FILED: YES <input type="checkbox"/> NO <input type="checkbox"/> POLICE CASE #: _____
DID YOU USE FORCE	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reporting Officer Name/Badge Number:	_____ Report Date/Time: _____

INCIDENT DATA - INMATE			
ROLE 1	<input type="checkbox"/> SUBJECT <input type="checkbox"/> VICTIM	INMATE NAME:	JAIL NUMBER:
			CIN NUMBER:
DISCIPLINARY REPORT FILED: YES <input type="checkbox"/> NO <input type="checkbox"/> Custody level at the time of the incident (code and description): _____			
ACTION (code and description): _____			
If action code is "Transfer," reason for transfer: <input type="checkbox"/> DISRUPTIVE BEHAVIOR <input type="checkbox"/> MISCONDUCT <input type="checkbox"/> DISCIPLINARY ACTION			
CELL CHANGED FROM: _____ TO: _____			
CHARGES: _____			
MEDICAL (code and description): _____			
MENTAL HEALTH YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Mental Health Designation (code and description): _____			
WEAPON (code and description): _____			
CONTRABAND YES <input type="checkbox"/> NO <input type="checkbox"/>			
INJURIES YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Check Type: <input type="checkbox"/> HEAD TRAUMA <input type="checkbox"/> FRACTURES <input type="checkbox"/> MOUTH AREA <input type="checkbox"/> LACERATIONS <input type="checkbox"/> GENITALS <input type="checkbox"/> BLACK EYE			
If Injury is Other, Describe: _____			

ROLE 2	<input type="checkbox"/> SUBJECT <input type="checkbox"/> VICTIM	INMATE NAME:	JAIL NUMBER:
			CIN NUMBER:
DISCIPLINARY REPORT FILED: YES <input type="checkbox"/> NO <input type="checkbox"/> Custody level at the time of the incident (code and description): _____			
ACTION (code and description): _____			
If action code is "Transfer," reason for transfer: <input type="checkbox"/> DISRUPTIVE BEHAVIOR <input type="checkbox"/> MISCONDUCT <input type="checkbox"/> DISCIPLINARY ACTION			
CELL CHANGED FROM: _____ TO: _____			
CHARGES: _____			
MEDICAL (code and description): _____			
MENTAL HEALTH YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Mental Health Designation (code and description): _____			
WEAPON (code and description): _____			
CONTRABAND YES <input type="checkbox"/> NO <input type="checkbox"/>			
INJURIES YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Check Type: <input type="checkbox"/> HEAD TRAUMA <input type="checkbox"/> FRACTURES <input type="checkbox"/> MOUTH AREA <input type="checkbox"/> LACERATIONS <input type="checkbox"/> GENITALS <input type="checkbox"/> BLACK EYE			
If Injury is Other, Describe: _____			



# MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT



## Incident Report

CONTROL NUMBER										DATE	TIME	DAY	LOCATION (CODE AND DESCRIPTION)	

<b>ROLE 3</b>	<input type="checkbox"/> SUBJECT <input type="checkbox"/> VICTIM	<b>INMATE NAME:</b>	<b>JAIL NUMBER:</b>	<b>CIN NUMBER:</b>
<b>DISCIPLINARY REPORT FILED:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Custody level at the time of the incident (code and description): _____				
<b>ACTION</b> (code and description): _____				
If action code is "Transfer," reason for transfer: <input type="checkbox"/> <b>DISRUPTIVE BEHAVIOR</b> <input type="checkbox"/> <b>MISCONDUCT</b> <input type="checkbox"/> <b>DISCIPLINARY ACTION</b>				
<b>CELL CHANGED FROM:</b> _____ <b>TO:</b> _____				
<b>CHARGES:</b> _____				
<b>MEDICAL</b> (code and description): _____				
<b>MENTAL HEALTH</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Mental Health Designation (code and description): _____				
<b>WEAPON</b> (code and description): _____				
<b>CONTRABAND</b> YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>INJURIES</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Check Type: <input type="checkbox"/> <b>HEAD TRAUMA</b> <input type="checkbox"/> <b>FRACTURES</b> <input type="checkbox"/> <b>MOUTH AREA</b> <input type="checkbox"/> <b>LACERATIONS</b> <input type="checkbox"/> <b>GENITALS</b> <input type="checkbox"/> <b>BLACK EYE</b>				
<b>If Injury is Other, Describe:</b> _____				

<b>ROLE 4</b>	<input type="checkbox"/> SUBJECT <input type="checkbox"/> VICTIM	<b>INMATE NAME:</b>	<b>JAIL NUMBER:</b>	<b>CIN NUMBER:</b>
<b>DISCIPLINARY REPORT FILED:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Custody level at the time of the incident (code and description): _____				
<b>ACTION</b> (code and description): _____				
If action code is "Transfer," reason for transfer: <input type="checkbox"/> <b>DISRUPTIVE BEHAVIOR</b> <input type="checkbox"/> <b>MISCONDUCT</b> <input type="checkbox"/> <b>DISCIPLINARY ACTION</b>				
<b>CELL CHANGED FROM:</b> _____ <b>TO:</b> _____				
<b>CHARGES:</b> _____				
<b>MEDICAL</b> (code and description): _____				
<b>MENTAL HEALTH</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Mental Health Designation (code and description): _____				
<b>WEAPON</b> (code and description): _____				
<b>CONTRABAND</b> YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>INJURIES</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Check Type: <input type="checkbox"/> <b>HEAD TRAUMA</b> <input type="checkbox"/> <b>FRACTURES</b> <input type="checkbox"/> <b>MOUTH AREA</b> <input type="checkbox"/> <b>LACERATIONS</b> <input type="checkbox"/> <b>GENITALS</b> <input type="checkbox"/> <b>BLACK EYE</b>				
<b>If Injury is Other, Describe:</b> _____				

**NARRATIVE:**

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Reporting Officer (Print Name):	Badge #:	Signature:	Date:
Wing/Floor Supervisor (Print Name):	Badge #:	Signature:	Date:
Security Supervisor (Print Name):	Badge #:	Signature:	Date:
Shift Commander (Print Name):	Badge #:	Signature:	Date:
Shift Supervisor (Print Name):	Badge #:	Signature:	Date:

**FACILITY/BUREAU SUPERVISOR'S REVIEW:**

Proceed with Disciplinary Hearing: YES  NO  Incident Report Approved: YES  NO

\_\_\_\_\_ Date \_\_\_\_\_ Facility/Bureau Supervisor Signature \_\_\_\_\_

Facility/Bureau Supervisor Name (Print)/Badge #



Incident Report

CONTROL NUMBER										DATE	TIME	DAY	LOCATION (CODE AND DESCRIPTION)	
									-					

NARRATIVE (continued...)

Large empty area for narrative text.

Reporting Officer Name (Print)/Badge #: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting Officer Signature: \_\_\_\_\_

**Date:**

**To:** Legal Unit

**From:** Facility/Bureau Supervisor  
Facility/Bureau

**Subject:** Lewd & Lascivious Behavior (FS 798.02)/Indecent Exposure (FS 800.03) Complaint

In that the State Attorney's Office (SAO) requires specific information for the filing of charges for inappropriate sexual behavior by an inmate, the following information is being provided to your office. This information is being forwarded within forty-eight (48) hours of the Disciplinary Panel findings for its timely submission to the SAO.

1.  Sworn Reports to include the inmate/subject's name and other personal identifying information, statements, video, and a detailed narrative describing the FACTS of the incident.
2.  Name of the witness(es)/victim(s), i.e., officer(s), visitor(s), employee(s), etc. It is understood that this information will be used by the SAO for witness/victim notification and follow-up to include the officer's badge number, contact information, and facility or other location.
3.  Disciplinary Panel findings for the attached incident.
4.  Other Information - the following documents are included:
  - Copy of booking card with photo;
  - Copy of CJIS information/printout;
  - Past disciplinary history for same behavior;
  - Next court appearance date;
  - Date of scheduled release (if known);
  - Other: \_\_\_\_\_.

It is understood that the SAO will consider a number of factors prior to filing criminal charges against an inmate to include:

- Whether the inmate's actions started prior to the victim arriving;
- Whether the inmate's penis/vagina was exposed;
- Whether the inmate's actions were intentionally directed at a particular victim as opposed to an inmate getting caught masturbating? (Eye to eye contact alone is not sufficient to establish that a particular victim was intentionally targeted.);
- Whether the inmate complied when told to stop;
- What was the specific conduct of each inmate in a multi-inmate case;
- Whether the victim actively participates in the criminal prosecution of the case.

*(All required documents and responses must be included in the package to Legal Unit.)  
(Items must be checked-off, otherwise the package will be returned.)*