

PROBABLE CAUSE AFFIDAVIT

OBTS #		1. Arrest Affidavit 2. Notice to Appear 3. Complaint Affidavit 4. Request for Capias 5. Teen Court Referral	1	Juvenile	N
ORI #	FL0037275C	Florida Department of Corrections – Office of Inspector General		Report #	21-14841
Location of Offense Hamilton Correctional Institution			Date of Offense 09/15/2021	Date of Arrest 09/30/2021	
Name: Tanaysha Harris				Alias:	
Race W – White B – Black	I – Indian American O – Oriental Asian	Sex F	DOB or Age [REDACTED]	Height 508	Weight 200
				Eye Color BROWN	Hair Color BLACK
					Complexion MED
					Build MED
Address (Street, Apt, Number)			(City)	(State)	Phone
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other					Name of Parent or Custodian (Last, First, Middle)
Address (Street, Apt, Number)					(City)
[REDACTED]					[REDACTED]
Notified By: (Name)		Date	Time	Juvenile Disposition 1. Handled / Processed within Dept and Released 2. Turned over to DOH/C&F 3. Incarcerated (County Jail)	
Released to: (Name)			Relationship	Date	Time
Activity:	S. Sell N. N/A P. Posses	R. Smuggle D. Deliver E. Use	K. Dispense / Distribute	M. Manufacture / Produce / Cultivate	Z. Other
Type:	N. N/A A. Amphetamine	B. Barbiturate C. Cocaine F. Heroine	H. Hallucinogen M. Marijuana O. Opium / Deriv	P. Paraphernalia / Equipment S. Synthetic	U. Unknown Z. Other
Charge Description False Imprisonment			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 787.02 (2)
Activity N			Drug Type N	Amount / Unit	State Attorney Number
<input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest
Charge Description Official Misconduct			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 838.022 (1)(c)
Activity			Drug Type	Amount / Unit	State Attorney Number
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest
Charge Description Malicious Battery on Inmate			Counts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: 944.35 (3)(a)1
Activity			Drug Type	Amount / Unit	State Attorney Number
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	Writt. Att. #	<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest
The Undersigned Certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above-named Defendant committed the following Violation of the law: On the 15 th day of September 2021 at [REDACTED] AM. [REDACTED] PM (Specially include facts constituting cause for arrest)					

Your Affiant is Inspector Chris McGauley with the Office of Inspector General for the Florida Department of Corrections. The defendant is Correctional Officer Sergeant Tanaysha Harris (*Sergeant Harris*) who currently works at Hamilton Correctional Institution Annex (*HCI-A*). Your Affiant has investigated False Imprisonment, Official Misconduct, and Malicious Battery.

Inmate [REDACTED] (Inmate [REDACTED] DC# [REDACTED]) alleged Sergeant Harris Failed to Report a Use of Force at HCI-A.

Inmates [REDACTED] (Inmate [REDACTED] DC# [REDACTED]) and [REDACTED] (Inmate [REDACTED] DC# [REDACTED]) all testified similarly that Sergeant Harris escorted them into the Inmate Barber Shop (*separately*) and instructed Inmates Charles Penansky (*Inmate Penansky*) DC# V49798 and Sebastian Pierre (*Inmate Pierre*) DC# K31100 to shave the above inmates heads and faces bald, along with shaving each inmates eye brows off.

Inmate [REDACTED] testified [REDACTED]



[REDACTED] Other Security staff observed this occur inside of the barber shop and testified similarly to the events.

Sergeant Harris was interviewed post Miranda denied all the allegations against her.

Based on sworn testimony of other witnesses, Sergeant Harris falsely imprisoned Inmate [REDACTED] and caused unlawful harm to Inmates [REDACTED] and [REDACTED]. Sergeant Harris did not report her actions.

Your Affiant respectfully submits probable cause has been established Sergeant Harris did commit the violation of one (1) count, False Imprisonment in violation of § 787.02 (2), violation of one (1) count, Official Misconduct § 838.022 (1)(c), violation of one (1) count, Malicious Battery on an Inmate § 944.35 (3)(a)1 in Hamilton County, Florida, Hamilton Correctional Institution on or around September 15, 2021, in the secure perimeter of Hamilton Correctional Institution.

All supporting documents referred to in this affidavit will be available for judicial review and will be further explained in your affiant's report of investigation.

PC. Exists for Charge(s)		Judge's Signature	Date					
<input type="checkbox"/> Miranda Warning	Hold for Agency Name:	Verified By:	Date:	Bond Charge #	Bond Charge #	Bond Charge #		
<input type="checkbox"/> Adults Only <input type="checkbox"/> Hold for First Appearance <input type="checkbox"/> Do not Bond Out Reason:			Bond Type 1. ROR 2. Cash	3. Surety 4. Bail / Bond	5. Cert 6. Other	Type	Type	Type
I swear/Affirm the above and attached statements are true and correct		Sworn to And subscribed before me, the undersigned authority this <u>30</u> day of <u>SEP</u> 20 <u>21</u>	Returnable Court Date		Returnable Court Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
 Officer's / Complainant's Signature Chris McGauley #99915/D4		Name/Title of Person Authorized to Administer Oath LEAD SENIOR INSPECTOR JARED DEWEY	Release Date		Release Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Name (Printed) ID# / Dist			Releasing Officer				Page 2 of 2	