PREA AUDIT REPORT

☐ **Interim** ☒ **Final**

COMMUNITY CONFINEMENT FACILITIES

Date of report: July 8, 2016

Auditor Information			
Auditor name: Alton Baskerville			
Address: 3115 Rock Cress Lane Sandy Hook, VA 23153			
Email: abville42@aol.com			
Telephone number: (804) 980-6379			
Date of facility visit: June 20, 2016			
Facility Information			
Facility name: Forrest County Community Work Center			
Facility physical address: 112 Alcorn Avenue Hattiesburg, MS 39401			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: 601-544-5030			
The facility is:	☐ Federal	☒ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
	☐ Community treatment center ☐ Halfway house ☐ Alcohol or drug rehabilitation center	☒ Community-based confinement facility ☐ Mental health facility ☐ Other	
Name of facility's Chief Executive Officer: Plez Hill			
Number of staff assigned to the facility in the last 12 months: 11			
Designed facility capacity: 96			
Current population of facility: 71			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 20-60			
Name of PREA Compliance Manager: Plez Hill		**Title:** Commander	
Email address: phill@mdoc.state.ms.us		**Telephone number:** 601-544-5030	
Agency Information			
Name of agency: Mississippi Department of Corrections			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: 633 N. State Street Jackson, MS 39202			
Mailing address: *(if different from above)* **Telephone number:** 601-359-5600			
Agency Chief Executive Officer			
Name: Marshall Fisher		**Title:** Commissioner, MSDOC	
Email address: mfisher@mdoc.state.ms.us		**Telephone number:** 601-359-5600 ext. 5621	
Agency-Wide PREA Coordinator			
Name: Marcia Stingley		**Title:** State-wide PREA	
Email address: mstingley@mdoc.state.ms.us		**Telephone number:** 601-573-5104	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of Forrest County Community Work Center (FCCWC) was conducted on June 20, 2016. The audit was performed by Alton Baskerville, Certified PREA auditor and assisted by Phyllis Baskerville, a retired corrections warden.

Six weeks in advance of the audit, notices, with contact information for the auditor, were placed throughout the facility to alert residents and staff of the impending audit. The Pre-Audit Questionnaire was submitted to the auditor two weeks prior to the audit. A review of the Questionnaire showed some minor discrepancies which were corrected prior to the onsite audit. Other documentation submitted included policies, procedures, organization charts, posters, inmate handbook, and other PREA related materials. A review of the materials raised no questions about the pending audit.

The audit team was escorted to the facility by Ms. Marcia Stingley. We were greeted by Commander Plez Hill, several members of his staff, Mr. Ken Valentine, Community Corrections Director, and Ms. Christy Gutherz, Deputy Commissioner, Community Corrections. We had the entry meeting in the dining area where introductions and audit expectations were shared.

The audit team was led on a tour of the facility by Sgt. Billy Newell which included the two bay housing unit, kitchen, two storage sheds, one Baptismal shed, recreation yard, and administrative area. The two bay housing unit has 48 beds on each side. The official count was 71 on the day of the on-site audit. The PREA hot line notices were posted in the housing unit and notice of the audit was posted throughout the Center.

Video cameras were mounted in the front and the rear of each housing bay. In addition, two cameras were located in the dining area which is used as a multi-purpose area. Camera monitors are viewed in the control room. The cameras were installed in the Center in February, 2016. The restroom, showers and laundry area were between the two bays adjacent to the control room. The laundry area was locked behind a metal mesh screen. Showers were in view of the control room officer; a half curtain provided privacy in the shower area. The toilets were separated by metal partitions, providing privacy for the residents.

The kitchen area was secured and had all storage areas locked. The facility was clean, neat and orderly. The staff was professional and experienced. We spoke to 6 residents while touring the housing unit. We explained why the audit team was there, and that the team would conduct private interviews of residents at random.

After completing the tour, we were given a private office to review audit files and to conduct interviews. We interviewed ten employees, including administrative, program, contract, volunteer and security staff from both 12-hour shifts. Staff was knowledgeable concerning PREA and how to respond to an incident. Documentation verified recent training of all staff interviewed.

A total of ten (10) residents were interviewed. All were familiar with PREA and acknowledged receiving PREA training upon arrival at the center. Written documentation supports the training of all residents interviewed. There were no special needs residents assigned to the center; nor were there any gay, transgender, intersex, residents at the center.

The audit team had an exit meeting with Commander Hill, Mr. Valentine, Ms. Gutherz, and Ms. Stingley in Commander Hill's Office. The team informed them that they met the requirements of all 39 standards. We congratulated them on this accomplishment. The strong support of top management in the presence of Mr. Valentine and Ms. Gutherz was noted as a key to the success of this audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Forrest County Community Work Center (FCCWC) is a minimum security, adult male residential community center located in Hattiesburg, Mississippi. The Center is located approximately 90 miles SE of Jackson, MS. It was opened in November, 1991. Residents assigned to the Unit must be able to perform required work details with various city and county agencies. The Center is situated on 4.2 acres of land and is enclosed within an 8 foot, chain linked fence topped with barbed wire. The physical plant consists of a single pre-engineered steel building.

Offenders are housed in a two bay dormitory that is separated by a control room, restroom, showers and laundry room. There is a central corridor which runs the length of the building. The administrative offices, dining room and kitchen are located across from the living unit. A large recreation area, two small storage sheds and one Baptismal shed are located outside of the main building.

SUMMARY OF AUDIT FINDINGS

FCCWC was found to be in compliance with all PREA standards for Community Confinement Facilities.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.211 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 Mississippi Department of Corrections (MDOC) has a written policy, MDOC Policy 20-14, adopted in October 2004, that mandates zero tolerance towards all forms of sexual abuse and sexual harassment. MDOC Policy 20-14-01 also details implementation of the agency's zero tolerance policy, defines prohibited behavior, outlines strategies and responses to reduce and prevent sexual abuse and sexual harassment, and details sanctions for violators. Additionally, MDOC Policy 03-17, adopted in December 1992, includes definitions of prohibited behaviors regarding sexual harassment and sanctions.

MDOC has an agency-wide PREA coordinator position, identified as Branch Director II in MDOC's organizational chart. It designates PREA compliance responsibilities to the Correctional Supervisor position, and this position reports to the statewide PREA Coordinator, Ms. Marcia Stingley.

Standard 115.212 Contracting with other entities for the confinement of residents

☐ 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)

MDOC has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit. Such contracts do require contractors to adopt and comply with PREA standards. Additionally, the contracts do require MDOC to monitor the contractor's compliance with the PREA standards.

Standard 115.213 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)

MDOC Policy 20-14-01 and MDOC Policy 03-29 require all facilities to meet the requirements of this standard. There have been no deviations from the staffing plan in the past 12 months at FCCWC. Further, FCCWC had no reports of

inadequacy for this standard.

Standard 115.215 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)

MDOC Policy 16.07 and MDOC S.O.P. 20-14-01 govern PREA compliance for this standard. FCCWC does not conduct cross-gender strip or visual body cavity searches of residents. During the unit tour, auditors noted announcements being made when females entered the housing units. Interviews with staff and residents verified the practice of female staff making announcements. Observation of the toilet facilities confirmed that residents can shower and perform bodily functions without the opposite gender viewing their genitalia.

Standard 115.216 Residents with disabilities and residents 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)

MDOC Policy 20-14-01 has established procedures to provide disabled and limited English proficiency inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. MDOC has contracted with an agency for interpreter services to ensure effective communication with inmates with disabilities and limited English proficiency. Staff indicated that resident interpreters would not be used in reporting an allegation of sexual abuse or harassment.

Standard 115.217 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)

MDOC Policy 20-14-01 prohibits the hiring or promoting of anyone who may have contact with inmates who has previously been convicted or adjudicated to have engaged, or attempted to engage, in forced or nonconsensual sexual activity or sexual abuse. MDOC Policy 20-14-01 also requires criminal background record checks to be performed at least every five years for current employees and contractors who may have contact with inmates. In the past 12 months, no new persons who may have contact with inmates have been hired. The policy is consistent with the requirements of the standard.

Standard 115.218 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)

FCCWC has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012, or since the last PREA audit. FCCWC installed a video monitoring system, electronic surveillance system on February 10, 2016.

Standard 115.221 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)

MDOC's Corrections Investigation Division is responsible for conducting sexual abuse investigations as outlined in MDOC Policy 12-05. Additional policies that outline evidence protocol and requirements for forensic medical exams are found in MDOC Policy 16-14 and MDOC Policy 20-14-01. MDOC has signed a Memorandum of Understanding with the Mississippi Coalition Against Sexual Assault (MSCASA) to make MSCASA's services available to victims of sexual assault.

All victims of sexual abuse have access to a forensic medical examination at an outside facility without any cost to them. Examinations are conducted by SANEs/SAFEs when available. Within the past 12 months, FCCWC had no exams.

Standard 115.222 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)

MDOC 20-14-01, Policy 12-05 Criteria for Corrections Investigations meets the requirements of this standard. MDOC conducts an administrative review for all allegations of sexual abuse and sexual harassment as stated in MDOC Policy 20-14-01. During the past 12 months, FCCWC received no allegations of sexual abuse and sexual harassment, of which resulted in administrative investigation. This policy is available on the MDOC website.

Standard 115.231 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)

MDOC Policy 20-14-01 states that all MDOC employees who may have contact with inmates will be trained on all of the enumerated PREA training curriculum requirements. Employees receive training on PREA requirements at least once a year during annual refresher training, and between trainings, MDOC employs agency directives to provide employees with information about current policies regarding sexual abuse and harassment. Staff demonstrated their knowledge about the importance of PREA during the interviews.

Standard 115.232 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)

FCCWC trains all volunteers and contractors who have contact with inmates on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. FCCWC dedicates a section in its Volunteer Handbook, a tool used for training volunteers and contractors, to educate them on PREA and the agency's applicable policies and procedures. In the past 12 months, one (1) volunteer received training on these policies.

Standard 115.233 Resident 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)

MDOC Policy 20-14-01 meets the requirements of this standard. Interviews with randomly chosen residents (using the facility weekly resident population log) confirmed that they had the PREA training, knew about the policy, and felt safe at FCCWC. Files of the interviewed residents contained signed documentation of PREA training completion.

Standard 115.234 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)

MDOC conducts its own investigations of allegations of sexual abuse, and MDOC Policy 20-14-01 requires all investigators to be trained in sexual abuse investigations in confinement settings. The auditor reviewed documentation confirming that the (2) two investigators who are responsible for PREA investigations at FCCWC received PREA investigative training in compliance with this standard.

Standard 115.235 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)

FCCWC does not have medical and mental health practitioners on site. Residents are referred to South Mississippi Correctional Institution (SMCI) for treatment as needed. Telephonic interview with the nurse confirmed that he had received the agency's required PREA training in accordance with MDOC Policy 20-14-01. Medical staff at FCCWC or SMCI do not conduct forensic examinations.

Standard 115.241 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)

MDOC Policy 20-14-01 requires all inmates to be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Interviews with residents confirmed that they were screened within 72 hours of their intake.

Standard 115.242 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)

MDOC uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexually victimized from inmates at high risk of being sexually abusive. Residents with a high risk of being sexual abusive are not assigned to community work centers. FCCWC makes individualized determinations on how to ensure the safety of each inmate.

Standard 115.251 Resident 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)

MDOC has established procedures allowing for multiple internal ways for inmates and staff to privately report sexual abuse or harassment of inmates, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. MDOC has signed a memorandum of understanding with the Mississippi Coalition Against Sexual Assault to provide their contact information for residents who wish to confidentially report incidents to an outside entity.

Additionally, FCCWC residents and staff may call a confidential hotline to report suspected instances of sexual assault. Another avenue for residents to report incidents is to file a grievance; staff may complete an incident report. During interviews, residents stated that they could talk to any of the staff if there was any issue. Several expressed that they felt safe and knew of the PREA safety postings on the bulletin boards in the housing units, dining hall, and other common areas.

Standard 115.252 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)

MDOC Policies 20-14-01 and 20-08 establish administrative procedures for dealing with inmate grievances regarding sexual abuse. Resident interview responses indicate that they are aware of their right to file a grievance to address a PREA allegation. In the past 12 months, no grievances were filed of alleged past sexual abuse. In the past 12 months, no grievances were filed for imminent sexual abuse with a final decision reached within five days.

Standard 115.253 Resident 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)

MDOC has signed a memorandum of understanding with the Mississippi Coalition Against Sexual Assault (MCASA) to provide their contact information for inmates who wish to confidentially report incidents to an outside entity. Residents are provided the contact information for MCASA through distributed written materials.

Standard 115.254 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)

The MDOC website posts a designated phone number for third parties to call and confidentially report incidents of resident sexual abuse or sexual harassment. The designated phone number is also visible on PREA Tip Line posters in the institution. These posters were observed during the unit tour. When residents were interviewed, their responses confirmed that they knew of the posters and the information contained.

Standard 115.261 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)

MDOC Policy 20-14-01 requires staff to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect or violation of PREA responsibilities. Additionally, the policy states that staff must not reveal any information related to a sexual abuse report beyond what is necessary to share for appropriate follow-up actions. During staff interviews, it was clear that they knew the appropriate reporting procedures.

Standard 115.262 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)

MDOC Policy 20-14-01 states that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, immediate action must be taken to protect the resident. In the past 12 months, there have been no cases at FCCWC where a resident was determined to be in substantial risk of imminent sexual abuse.

Standard 115.263 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)

MDOC Policy 20-14-01 states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility head or designee will notify the appropriate staff in the agency where the alleged abuse occurred. In the past 12 months, FCCWC received no allegations that a resident was abused while confined at another facility.

Standard 115.264 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)

In the past 12 months, there were no allegations at FCCWC that a resident was sexually abused. There were no instances when the security staff first responder had to separate the alleged victim and the abuser. In no instances was staff notified in time to collect physical evidence of the sexual assault, and appropriate steps were taken to secure such evidence. There were no instances in the past 12 months where non-security staff served as first responders to an allegation of resident sexual abuse.

Standard 115.265 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)

MDOC has developed a written institutional plan, reflected in the Sexual Assault Response and Containment Checklist, to coordinate actions among first responders, medical staff, investigators and leadership taken in response to an incident of sexual abuse. Interviews confirmed that staff were aware of their specific responsibilities in response to an allegation of sexual abuse.

Standard 115.266 Preservation of ability to protect residents 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)

MDOC has not entered into a collective bargaining agreement that limits its ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.267 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)

MDOC Policy 20-14-01 states that all inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations will be protected from retaliation by other inmates or staff and monitored by FCCWC designated staff. In the past 12 months, there have been no reported incidents of retaliation.

Standard 115.271 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)

MDOC Policies 20-14-10 and 12-05 require that an investigation is conducted and documented whenever a sexual assault or threat is reported, and for all substantiated allegations that appear to be criminal to be referred for prosecution. Since August 20, 2012, FCCWC reported no allegations referred for prosecution.

Standard 115.272 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)

MDOC Policy 20-14-01 states that no standard higher than a preponderance of the evidence will be used in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.273 Reporting to residents

☐ 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)

MDOC Policy 20-14-01 states that following an investigation the agency will inform the offender as to whether the allegation has been substantiated, unsubstantiated or unfounded. In the past 12 months, FCCWC had no residents

file a complaint alleging sexual abuse.

Standard 115.276 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)

MDOC Policy 20-14-01 states that staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months, no FCCWC staff were found in violation of PREA policies, and therefore, no disciplinary sanctions have been warranted.

Standard 115.277 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)

MDOC Policy 20-14-01 states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to the Corrections Investigations Division. In the past 12 months, FCCWC had no allegations of sexual abuse against contractors or volunteers.

Standard 115.278 Disciplinary sanctions for residents

☐ 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)

MDOC Policy 20-14-01 states that inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate sexually abused another inmate. In the past 12 months, FCCWC had no administrative findings of resident on resident sexual abuse.

Standard 115.282 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)

MDOC Policy 12-40-01 provides for timely, unimpeded access to emergency medical treatment and crisis intervention services without any cost to the FCCWC resident.

Standard 115.283 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)

MDOC Policy 20-14-01 states that residents will be offered medical and mental health evaluation as appropriate treatment to all residents who have been victimized by sexual abuse consistent with the community level of care.

Standard 115.286 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)

MDOC Policy 20-14-01 states that it will conduct sexual abuse review at the conclusion of every sexual abuse investigation unless the allegation has been determined unfounded. This review will take place 30 days after the conclusion of the investigation and will be conducted by the facility head, the statewide PREA coordinator and the PREA Manager. The Annual PREA Report documents MDOC's efforts to improve policies for more effective compliance with PREA.

Standard 115.287 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)

Pursuant to MDOC Policy 20-14-01, MDOC uses a standard form and definitions sheet to facilitate the uniform collection of data for every sexual abuse allegation. MDOC Policy states that the agency will collect incident data at least annually, and upon request, will provide such data for the previous calendar year to the Department of Justice.

Standard 115.288 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)

MDOC Policy 20-14-01 requires the agency to review data collected in order to assess and to improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Annual reports, approved by the MDOC Commissioner, containing institutional assessment information are posted online at

Standard 115.289 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)

MDOC Policy 20-14-01 states that the agency will ensure that data is securely retained, and personal identifiers are removed before making data on sexual abuse publicly available.

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.

Alton Baskerville Alton Baskerville July 8, 2016

Auditor Signature Date