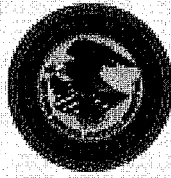


PREA AUDIT: AUDITOR'S SUMMARY REPORT

Community Confinement Facilities

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility: Greenwood
Restitution Center

Physical address: 308 Highway
7 North, Greenwood, Mississippi
38930

Date report submitted:
October 23, 2014

Auditor Information

Address: 206 N. Washington
Street, Suite 200, Alexandria, VA
22314

Email: rmwhid@hotmail.com

Telephone number: 407-
758-2181

Date of facility visit: September
22-23, 2014

Facility Information

Facility mailing address: (if
different from above)

Telephone number: 662-453-
9720

The facility is:

Military

County

Federal

Private for profit

Municipal

x State

Private not for profit

Facility Type:

Jail

Prison

x Restitution Center

Name of PREA Compliance Manager: Lola Nelson

Title: Regional
PREA Manager

Email address: lnelson@mdoc.state.ms.us

**Telephone
number:** 662-745-
6611 x4156

Agency Information

Name of agency: Mississippi
Department of Corrections

**Governing authority or parent
agency:** State of Mississippi

Physical address: 633 N. State
Street, Jackson, Mississippi,
39202

Mailing address: (if different
from above)

Telephone number: 601-359-5600		
Agency Chief Executive Officer		
Name: Christopher Epps	Title:	Commissioner
Email address: cepps@mdoc.state.ms.us	Telephone number:	601-359-5600
Agency-Wide PREA Coordinator		
Name: Marcia Stingley	Title:	Prea Coordinator-Statewide
Email address: mstingley@dmoc.state.us	Telephone number:	601-573-5104

AUDIT FINDINGS

NARRATIVE: On July 23, 2014 Prison Rape Elimination Act (PREA) auditor Robert M. Whidden was contacted and assigned to conduct a PREA audit of the Greenwood Restitution Center, located in Greenwood, MS. The audit visit was scheduled for September 22-23, 2014.

The audit visit was scheduled through the American Correctional Association and the Mississippi Department of Corrections. The audit instrument to be utilized for this audit was Community Confinement Facilities prepared by the PREA Resource Center.

The Pre-Audit Questionnaire was completed for the facility by Marcia Stingley, Statewide PREA Coordinator on September 3, 2014 and it was forwarded to the PREA Auditor along with emails containing facility and Mississippi DOC documents and policy for review prior to the audit visit. These items were reviewed before the visit was conducted and discussed before and during the visit.

The PREA Auditor was escorted to the facility at 8:00 a.m. on September 22, 2014, by Marcia Stinley, Statewide PREA Coordinator. They were met at the front door by the Facility commander, Allen Langdon, Community Corrections Director, Lee McTeer and Facilities Maintenance Director, Sonny Edwards. Also present during the arrival of the auditor or at sometime during the audit visit were the following staff:

Linda Mitchell, Lieutenant

Shatoby Perry-Smith, Case manager

Gordy Montgomery, Correctional Officer

Brenda Montgomery, Correctional Officer

Candace Applewhite, Field Officer

Sherman Mack, correctional Officer

Diann Wilson, Correctional Officer

Lindsey Meeks, Correctional Officer

Anthony Hammond, Correctional Officer

Lola Nelson, Regional PREA Manager

Jerry Williams, Deputy Commissioner Community Corrections

Following introductions and greeting the auditor began the tour of the facility at 8:30 a.m. and completed the tour of the entire facility at 9:30 a.m. During the balance of the visit the auditor continued review of documents and policies and conducted staff and resident interviews. Speciality staff, random staff and random residents were interviewed in accordance with prescribed protocols. There were no residents who had been victims of sexual assault, intersex or transgender. There are no juveniles or youthful offenders housed at this facility. The audit visit was completed at 12:30 p.m. on September 23, 2014.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Greenwood Restitution Center is a minimum security , community based facility to house male only residents placed there by the courts who have been ordered to pay fines, court costs, restitution and other court ordered payments. The facility is situated on 2 acres, which provides ample space for recreational activities for the residents. The facility is surrounded by a single 6 foot chain link fence topped with razor wire. The facility consists of single two story building containing two open bay style resident living areas each with separate area for showers, wash basins and toilets (East Dorm and West Dorm) a dining room, kitchen and storage area. Staff offices are located on the second floor and all residents are restricted to the first floor. There is an entrance lobby with enclosed central controlroom (tower) where cameras located in the living areas are observed. Outside there is a small laundry and recreation shed which staff supervise when in use. Correctional Officers are assigned to one of two twelve hour shifts while administrative and program staff work staggered eight hour shifts.

Staff Demographics:

Administrative/Supervisory	2
Security	10
Program	2
Total Staff	14

Resident Demographics: 68

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 0
Number of standards met: 39
Number of standards not met: 0
Non-applicable: 0

§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)

MDOC Statewide SOP 20-14-01 establishes zero tolerance and contains all elements required by this standard. Interviews with staff and residents confirms knowledge of this policy and it is understood that zero tolerance of sexual abuse and harassment has become practice through staff training and resident orientation.

§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)

Review of contracts for counseling services and interview with PREA Coordinator. The facility has no contracts for the confinement of residents elsewhere.

§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 Statewide SOP 20-14-01, MDOC 03-29 Review of Staffing. Interview of facility Commander on coverage of staff deviations.

§115.215 – Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement of standard)

xMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy on Searches, MDOC Statewide SOP 20-14-01. Resident interviews. Observation of announcements of opposite gender entering shower, toilet and living areas. Interviews with staff and residents confirm no cross-gender pat or strip searches. Policy review and staff interviews confirm adherence to prohibition of staff physically examining transgender or intersex residents for the purpose of determining genital status.

§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)

Reviewed agreement/contracts for interpreters. Written materials review and staff training documentation on PREA-Compliant practices for disabled residents. MDOC statewide SOP 20-14-01 prohibits using residents interpreters for PREA matters.

§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)

Review Statewide SOP 20-14-01, Agency Statewide Policy 03-06, New Hires, Re-Hires, Promotions & Demotions, Agency Statewide Policy 03-14, Employee Background Investigations.

§115.218 – Upgrades to Facilities and Technology

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)

Observed new camera monitoring equipment in the living and monitoring in the central controlroom.

§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)

Review of MDOC Statewide SOP 20-14-01, Agency Statewide Policy 12-05, Criteria for Correctional Investigation Division Investigations and 16-14, Presentation of Physical Evidence. Memo of Understanding with Greenwood LaFlore Hospital, Memo of Understanding with Mississippi Coalition against Sexual Assault, Training for Director of Victims Services-MDOC

§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)

Review of MDOC Statewide SOP 20-14-01 and Agency Statewide Policy 12-05

§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)

Review of MDOC Statewide SOP 20-14-10 and Agency Statewide Policy 04-02, Orientation and In-Service Training, 04-04 Establishment of Training Plans. Staff interviews and Training Curriculum

§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)

Volunteer Handbook and Training Curriculum

§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)

Review of MDOC Statewide SOP 20-14-01. Resident Handbook. Resident Interviews.

§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)

Investigators training rosters, training curriculum and MDOC Statewide SOP 20-14-01

§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)

Training Policy and MDOC Statewide SOP 20-14-01

§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)

Review of MDOC Statewide SOP 20-14-01, Screening for Risk of Sexual Abuse Instrument. Resident Interviews.

§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)

Review of MDOC Statewide SOP 20-14-01 and documentation of How Decisions are Made.

§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 Statewide SOP 20-14-01, Resident Handbook. Staff Handbook. Observed signage with phone numbers. Residnet interviews.

§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 Statewide SOP 20-14-01, and Agency Policy 20-05

§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)

Review of MDOC Statewide SOP 20-14-01, Resident Handbooks, written materials prepared for residents pertinent to sexual abuse and access to support services. Agreements/MOU with community providers.

§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)

Designated phone number located on the PREA Tip Line Posters and MDOC website.

§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 Statewide SOP 20-14-01 and Staff interviews confirms reporting requirement.

§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 Statewide SOP 20-14-01 and staff interviews confirms immediate action is required.

§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)

Review of MDOC Statewide SOP 20-14-01 and specialized staff interviews confirm reporting requirement.

§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)

Review of MDOC Statewide SOP 20-14-01 and staff interviews confirm staff have been trained and understand first responder duties.

§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)

Written plan/Sexual Response and Containment Checklist.

§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)

No collective bargaining agreements exist that restrict the facility from removing a staff sexual abuser from a resident victim.

§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)

Plan is contained in MDOC Statewide SOP 20-14-01. Specialized staff interview with facility Commander and Regional Prea Manager confirms compliance requirement.

§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 Statewide SOP 20-14-01 pages 16-17, and Agency Policy 12-05 include policy for criminal and administrative investigations.

§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 Statewide SOP 20-14-01 page 17, line 799 establishes a lower burden of proof to substantiate abuse or harassment.

§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)

Policy exists in MDOC Statewide SOP 20-14-01 page 17, line 804 requiring resident notification of an investigation determination.

§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)

Staff are subject to disciplinary actions including termination per the Staff Policy for Disciplinary Sanctions.

115.277-Corrective action for contractor 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 Statewide SOP 20-14-01, page 18, line 854 requires reports to law enforcement. Contractor and volunteer agreements so indicates.

115.278-Disiplinary sanctions for residents

Exceeds Standards (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant period)

Does not Meet Standard (requires corrective action)

Policy on resident disciplinary actions and MDOC Statewide SOP 20-14-01 pge 18, line 859. Samples of disciplinary actions against residents for sexual misconduct with staff.

115.282- Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant period)

Does Not Meet Standard (requires corrective action)

MDOC Statewide SOP 20-14-01 establishes access to emergency medical and mental health services. Reviewed Contracts and MOU with Greenwood Leflore Hospital, Life Help and Wexfer Health Services to provide the medical and mental health services.

§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 Statewide SOP 20-14-01, establishes requirement to provide ongoing medical and mental health care. Reviewed contracts and MOU with Greenwood Laflora Hospital and Life Help to provide services. State of fact that there have been no victims at the facility.

§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 statewide SOP 20-14-01 containing policy for conducting sexual abuse reviews. Sample of incident reviews and completed administrative investigations reviewed. No investigations at this facility in the past twelve months.

§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)

Sexual abuse data collection policy contained in MDOC Statewide SOP 20-14-01, page 21, line 1015. Data is collected monthly using a agency created "collection instrument".

§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)

Annual reports are prepared and are available on the MDOC website.

§§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)

Data storage policy contained in MDOC Statewide SOP 20-14-01, page 22, line1048 and 1050. Date retained 10 years.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Robert M. Whidden

Auditor Signature

Date: 10/22/2014