

PREA AUDIT REPORT Interim Final**COMMUNITY CONFINEMENT FACILITIES****Date of report:** July 8, 2016

Auditor Information			
Auditor name: Alton Baskerville			
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Telephone number: (804) 980-6379			
Date of facility visit: June 23, 2016			
Facility Information			
Facility name: Harrison County Community Work Center			
Facility physical address: 3820 8 th Avenue Gulfport, MS 39501			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 228-865-0020			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Jackie Lafontaine			
Number of staff assigned to the facility in the last 12 months: 13			
Designed facility capacity: 102			
Current population of facility: 73			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 20-60			
Name of PREA Compliance Manager: Jackie Lafontaine		Title: Commander	
Email address: jlafontaine@mdoc.state.ms.us		Telephone number: 228-865-0020	
Agency Information			
Name of agency: Mississippi Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 633 N. State Street Jackson, MS 39202			
Mailing address: <i>(if different from above)</i>			
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 Harrison County Community Work Center (HCCWC) was conducted on June 23, 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 Jackie Lafontaine, several members of her 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 unit by Lt. Brian Dixon. The tour included the two bay housing unit, kitchen, two storage sheds, recreation yard, Chapel and administrative area. The two bay housing unit has a total of 102 beds. The official population count was 73 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.

One of the inmate phones was not working at the time of the onsite audit. I received a copy of the repair request dated June 9, 2016. A follow up repair request was sent by Commander Lafontaine on June 23, 2016. I tested and verified that one inmate phone was working.

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 March, 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 and a half curtain provided privacy in the shower area. The toilets were separated by metal partitions which provided privacy for the residents.

The kitchen area was secured and had all storage areas locked. The facility was neat and orderly. The staff was professional and experienced. We spoke to eight (8) residents while touring the housing unit. We explained why the audit team was there and that the team would conduct private interviews of residents chosen at random.

After completing the tour, we were given a private office to review audit files and to conduct interviews. We interviewed eleven (11) 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. However, two Contractors and one longtime volunteer did not demonstrate sufficient knowledge and confidence in PREA policies and procedures. They expressed a desire to know more about PREA. The volunteers were given the wrong form (center residents form) to sign acknowledging receiving PREA training.

The HCCWC is found in non-compliance of *PREA standard 115.232(a)-1 (All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response.)* To come into compliance of this standard, the HCCWC has to provide comprehensive training to the volunteers and the contractors. Also, the volunteers must sign the correct form acknowledging receipt of PREA training. On June 30, 2016, HCCWC provided documentation of PREA training to volunteers and contractors on June 29, 2016. Volunteers signed the correct form affirming receipt of PREA training. As of June 30, 2016, HCCWC is in compliance of PREA standard 115.232(a)-1.

A total of thirteen (13) residents were interviewed, including three (3) who filed sexual harassment complaints between March, 2016 and May, 2016. Two of the three offenders believed they were living in a hostile environment because the officer they filed a sexual harassment complaint against was still making inappropriate comments to them and about them. Review of the investigation documents showed that the inmate complaints were reviewed and deemed "could not be substantiated." An investigation dated June 9, 2016 revealed that the same officer reportedly had an angry verbal confrontation with and threatened physical violence to a fellow officer in the housing unit in the presence of residents. As of our onsite audit date, this officer was working in the center pending completion of this investigation and latest incident. I believe the accused employee's presence on the job and interacting with offenders is creating a hostile environment for the offenders, especially those who filed the sexual harassment complaints. Therefore, I found the center to be in violation of *PREA Standard 115.276 (Agency protection against retaliation)*. Before the conclusion of the audit, this officer was temporarily transferred to another facility where he would not have direct contact with offenders. Ms. Christy Gutherz, Deputy Commissioner, Community Corrections was onsite for the duration of the audit and instrumental in expediting a temporary reassignment of the involved officer. The center was in compliance with PREA Standard 115.276 at the conclusion of the onsite audit.

All residents interviewed were familiar with PREA and acknowledged receiving PREA orientation upon arrival at the center. Written documentation supported the training of all residents interviewed. There were no special needs residents assigned to the center; nor were there any gay, transgender or intersex residents at the center.

The audit team had an exit meeting with Commander Lafontaine, Mr. Valentine, Ms. Gutherz, and Ms. Stingley in Commander Lafontaine's Office. Certified Auditor Baskerville informed them that they did not meet compliance for PREA Standards 115.276 and 115.232(a)-1. They must come into compliance with these two standards within 30 days in order to receive a final report. PREA Standard 115.276 was met on the evening of the onsite audit. We thanked them for their cooperation and hard work. The strong support of top management in the presence of Mr. Valentine and Ms. Gutherz was noted as a key to the successful resolution of problems detailed during the audit process.

DESCRIPTION OF FACILITY CHARACTERISTICS

Harrison County Community Work Center (HCCWC) is a minimum security, adult male residential community center located in Gulfport, Mississippi. The center is located near the Gulfport-Biloxi International Airport. Residents assigned to the Center must be able to perform required work details with various city and county agencies. The HCCWC is situated on state land and is enclosed within an 8 foot, chain linked fence topped with barbed wire. The main 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 a chapel are located outside of the main building.

SUMMARY OF AUDIT FINDINGS

HCWC was found to be in compliance with all PREA standards for Community Confinement Facilities effective June 30, 2016.

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 HCCWC. Further, HCCWC has 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. HCCWC 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)

HCCWC 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. HCCWC installed a video monitoring system, electronic surveillance system in March, 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, HCCWC 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, HCCWC received 5 allegations of sexual abuse and sexual harassment, all 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)

HCCWC 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. HCCWC 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. During the onsite audit, interviews revealed that contractors did not clearly understand PREA mandates. They articulated that they wanted to know more about PREA standards and requirements. Additionally, a review of documentation revealed that volunteers and contractors signed the PREA acknowledgement forms for residents (not volunteers/contractors). Immediate corrective action was taken. On June 29, 2016, thirteen (13) volunteers and contractors received refresher PREA training. On June 30, 2016, I received a copy of the training roster with signatures confirming that all PREA training for volunteers and contractors had been completed. This refresher training was required to be in compliance with this standard.

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 and knew about the policy. Files of the interviewed residents contained signed documentation of PREA orientation 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 confined settings. The auditor reviewed documentation confirming that the two (2) investigators who are responsible for PREA investigations at HCCWC 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)

HCCWC 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 HCCWC and 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. HCCWC 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, HCCWC 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 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 HCCWC 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, HCCWC 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 HCCWC 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 HCCWC designated staff. In the past 12 months, there was reportedly one case of possible retaliation. During our onsite audit, the officer was temporarily transferred from the center, pending completion of an administrative investigation/review, to remove the threat of possible 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, HCCWC 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, HCCWC 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 HCCWC 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, HCCWC 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, HCCWC 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 HCCWC 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 www.mdoc.state.ms.us.

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)

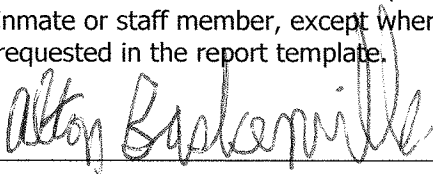
MDOC Policy 20-14-01 states that the agency will ensure that data is securely retained, and personal identifiers are removed before making data on sexual abuse publicly available.

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



July 8, 2016

Auditor Signature Date