

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 7/5/2022

Auditor Information

Name: Lori Fadorick **Email:** lfadorick@gmail.com

Company Name: AB Management and Consulting

Mailing Address: P O Box 2634 **City, State, Zip:** Salem VA 24153

Telephone: 540-206-9389 **Date of Facility Visit:** June 20, 2022

Agency Information

Name of Agency: Mississippi Department of Corrections

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 301 N Lamar Street **City, State, Zip:** Jackson MS 39201

Mailing Address: 301 N Lamar Street **City, State, Zip:** Jackson MS 39201

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: <https://www.mdoc.ms.gov/Divisions/Pages/PREA.aspx>

Agency Chief Executive Officer

Name: Burl Cain

Email: bcain@mdoc.state.ms.us **Telephone:** 601-359-5600

Agency-Wide PREA Coordinator

Name: Kim Dingess

Email: kdingess@mdoc.state.ms.us **Telephone:** 601-359-5284

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**

John Hunt, CID Director 4

Facility Information

Name of Facility: Forrest County Community Work Center

Physical Address: 112 Alcorn Avenue

City, State, Zip: Hattiesburg MS 39401

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.mdoc.ms.gov/Divisions/Pages/PREA.aspx>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Director

Name: Shondra Matthews

Email: sdmatthews@mdoc.state.ms.us

Telephone: 601-544-5030

Facility PREA Compliance Manager

Name: Lucy Martin

Email: lmartin@mdoc.state.ms.us

Telephone: 601-394-5600

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

96

Current Population of Facility:

40

Average daily population for the past 12 months:

45

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-65
Average length of stay or time under supervision	6 months
Facility security levels/resident custody levels	Minimum Custody
Number of residents admitted to facility during the past 12 months	110
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	110
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	110
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	10
Number of staff hired by the facility during the past 12 months who may have contact with residents:	0
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	2
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>5</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>5</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A</p>

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 41
115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218
115.221, 115.222
115.231, 115.232, 115.233, 115.234, 115.235,
115.241, 115.242,
115.251, 115.252, 115.253, 115.254
115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267
115.271, 115.272, 115.273, 115.276, 115.277, 115.278
115.282, 115.283, 115.286, 115.287, 115.288, 115.289
115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	June 20, 2022
2. End date of the onsite portion of the audit:	June 20, 2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	MS Coalition Against Sexual Assault
Audited Facility Information	
4. Designated Facility Capacity:	96
5. Average daily population for the past 12 months:	45
6. Number of inmate/resident/detainee housing units:	2
<p>DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	39
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0

<p>22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Due to the classification level and designation of the facility as a work camp, offenders in most of the targeted categories would not be assigned to the facility.</p>
<p><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>10</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>All staff present during the on-site review were interviewed.</p>
<p>Interviews</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input checked="" type="checkbox"/> None (explain) Auditor interviewed all available inmates </p>

<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>The Auditor interviewed all available inmates at the facility.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>N/A</p>
<p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The Auditor interviewed 10 of the 39 inmates assigned to the facility, which were all of the inmates present at the time of the on-site review. All of the remaining inmates (29) were working away from the facility.</p>
<p><i>Targeted Inmate/Resident/Detainee Interviews</i></p>	
<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>1</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates. The Auditor interviewed all inmates present at the facility during the on-site review.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates. The Auditor interviewed all inmates present at the facility during the on-site review.</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates. The Auditor interviewed all inmates present at the facility during the on-site review.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates. The Auditor interviewed all inmates present at the facility during the on-site review.</p>

<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates. The Auditor interviewed all inmates present at the facility during the on-site review.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates. The Auditor interviewed all inmates present at the facility during the on-site review.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates. The Auditor interviewed all inmates present at the facility during the on-site review.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates. The Auditor interviewed all inmates present at the facility during the on-site review.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates. The Auditor interviewed all inmates present at the facility during the on-site review.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates. The Auditor interviewed all inmates present at the facility during the on-site review.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The Auditor interviewed all inmates present at the facility during the on-site review.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>2</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input checked="" type="checkbox"/> None (explain) Interviewed all staff present during the onsite review</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>The facility only currently employs 8 total staff, plus an administrator that rotates between FCCWC and another facility.</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The Auditor spoke with all staff present at the facility during the onsite review.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	6
51. Were you able to interview the Agency Head?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	Not available
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.

<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>0</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>0</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</p>	<input type="checkbox"/> Security/detention

	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>All available staff were interviewed. Due to the small number of staff, most of the staff fulfilled multiple roles, including completing the screening, training and conducting unannounced rounds.</p>

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>59. Did you have access to all areas of the facility?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If no, explain what areas of the facility you were unable to access and why.</p>	<p>Click or tap here to enter text.</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</p>	<p>Click or tap here to enter text.</p>
<p>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	<p>Click or tap here to enter text.</p>
<p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The Auditor had access to all areas of the facility and the staff were very accommodating to all requests by the Auditor.</p>

Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes No

66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

The Auditor reviewed staff training records, background check records, rounds logs, risk screening and intake processing records, and inmate education records. There have been no allegations during the audit period, so there were no investigative records.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual abuse investigation files:	No allegations during the audit period
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	No allegations during the audit period
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The facility had no allegations of sexual abuse or sexual harassment during the audit period.
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	Click or tap here to enter text.
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	Click or tap here to enter text.
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<input type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)

	<input type="checkbox"/> Other
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PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14, 20-14-01
3. FCCWC Organizational Chart

- 4. Interviews with Staff**
- 5. Interviews with Inmates**
- 6. Observations during on-site review**

The Auditor reviewed the MDOC Policies. The Department has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the agency overall approach to preventing, detecting and responding to sexual abuse and harassment. The “zero tolerance” mandate is apparent throughout the facility as evidenced by informational posters and interactions and interviews with both offenders and staff. The zero-tolerance mandate is taken seriously by the staff at the facility and this is reflected in the offender interviews.

The MDOC has designated a statewide PREA Coordinator who assumed the role on October 14, 2020. The position title is Branch Director II and is in the upper level of the agency hierarchy. She reports to the CID Director. There are 4 Regional PREA Compliance Managers that report to the Statewide Coordinator. By virtue of her position, she has the authority to develop, implement and oversee the Department’s efforts to comply with PREA standards. The PREA Coordinator is involved in the implementation efforts, as well as handling and reviewing offender issues.

The FCCWC has a designated Regional PREA Compliance Manager. She is based at the parent facility, South Mississippi Correctional Institution and oversees compliance efforts at the FCCWC. She reports that she has sufficient time and the authority to develop, implement and oversee the FCCWC’s efforts to comply with PREA standards and is in frequent contact with the facility.

Interviews with inmates indicated that they felt safe in the facility and feel comfortable reporting to staff at the facility. They stated PREA matters weren’t an issue at the facility, but were confident any allegation would be handled promptly.

Interviews with staff indicated that they were trained in and understood the agency’s zero-tolerance policy. The staff at FCCWC are committed to ensuring that the facility is free from sexual violence.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on

or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. MDOC Policy 20-14-01
2. FCCWC Completed PAQ
2. Statement of fact memo
3. Interviews with Staff

MDOC policy is written in accordance with the standard. The MDOC is a public agency and contracts for the confinement of its offenders with private agencies or other entities, including other government

agencies. MDOC has included the contracted entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012. Any new contract or contract renewal provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards. Per policy, if the agency has entered into a contract with an entity that fails to comply with the PREA standards, they did so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents

The Forrest County Community Work Center (FCCWC) does not house inmates contracted by other entities or contract with other entities to house FCCWC inmates. FCCWC only houses state inmates.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Staffing Plan Review 5-20-2022
4. Interviews with Staff
5. Interviews with Inmates
6. Documentation of rounds
7. PREA Facility Visit Form 5-10-2022
8. Observations during on-site review

The FCCWC has a staffing plan that addresses the elements of the standard. The most recent review of the staffing analysis was completed on May 20, 2022. The facility staffing is based upon a multi-faceted formula to determine the number of staff needed for essential positions. There were no deviations from the staffing plan during this audit period due to mandated or voluntary overtime. In addition, staff from another CWC has helped out on occasion to ensure staffing does not fall below minimum.

The average daily population for the last 12 months is 45. The staffing plan is predicated on an ADP of 96, the designed facility capacity. The auditor reviewed the facility's staffing plan. They have

documented that they have considered all of the elements from standard 115.13 (a) (1-15) as part of the review. During a targeted interview with the Warden, the auditor verified the review of the annual staffing plan. He stated that they do consider the use of CCTV in considering the staffing plan.

If there is an instance where the facility did not comply with their staffing plan, that instance would be documented and reported to the Warden and it would be reviewed. There have been no instances notated where they were out of compliance with the staffing plan. The Correctional Commander is on call and will fill in where needed to ensure adequate staffing. According to the PAQ there have been no instances of non-compliance with the staffing plan.

The auditor reviewed the deployment of CCTV monitoring. The facility has a camera surveillance system and video monitoring, including in the housing areas and kitchen. The cameras are monitored by staff. The CCTV monitoring and placement of cameras appears adequate.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. The Auditor observed cameras in the facility. There appeared to be open communication between staff and inmates. Inmates seemed to be comfortable approaching staff with questions and the Auditor observed formal and informal interactions between staff and inmates.

During the pre-audit phase, the facility provided the auditor a sample of documentation of rounds for each shift. During the on-site portion of the audit, the auditor reviewed logbooks that verified that rounds were recorded daily. Due to the small size of the facility and the staffing, the supervisors make rounds frequently and are very visible in the facility. As the facility is currently without a Correctional Supervisor and a permanent Correctional Commander, all the staff handle multiple responsibilities and work very well as a team.

After a review, the Auditor determined that the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Training schedule
4. Training Rosters
5. Interviews with Staff
6. Interviews with Inmates

Observation of the following:

- Observation of inmate housing area
- Observation of CCTV coverage of housing areas
- Observation of staff announcing the presence of opposite gender staff during site review

In accordance with MDOC policy, the FCCWC does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Interviews with facility staff indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff interviews that no cross-gender strip searches or visual body cavity exams have occurred. The FCCWC only holds male offenders.

MDOC policy states that inmates are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. The toilet areas and the showers were adequately private. A review of CCTV coverage in common areas revealed that the cameras were pointed away from toilet areas. Random inmate interviews revealed that there is not an issue with the requirements of the standard. Offenders feel as if they have adequate privacy with respect to the female staff.

The policy states that staff of the opposite gender shall announce their presence when entering an inmate housing unit. Female officers can and do supervise the male housing units. There are announcements made each time a female staff enters the housing area. Random inmate interviews indicated that there is not an issue with them being able to change clothes, shower or perform bodily functions without the female officers seeing them. Offender interviews indicated that announcements are being made "every time" when female staff enter the housing units. Staff interviews also indicate the offenders' privacy from being viewed by opposite gender staff is protected. Curtains and partitions

afford offenders appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in view.

FCCWC policy prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. The facility has not held any transgender offenders in the past 12 months.

The auditor reviewed the training presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex inmates in accordance with this standard. According to the PAQ, 100% of all employees in the last 12 months received this training. The staff also provided training verification files, which the auditor reviewed.

During the on-site document review of employee files, the auditor verified the documents in the employee files provided during the pre-audit phase. MDOC policies require all staff to be trained on how to conduct searches, including those of transgender and intersex offenders. Staff indicated that they are trained to do cross-gender searches. The staff provided the auditor with verification of all completed annual in-service for the year 2022.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an 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, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an 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, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an 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, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an 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, including: Residents who have psychiatric disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an 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, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an 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, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Forms and pamphlets
4. Inmate handbook
5. Written Agreement with interpreter service
6. Interviews with Staff
7. Interviews with Inmates

The FCCWC takes appropriate steps to ensure that offenders with disabilities, have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. MDOC policy is written in accordance with the standard and indicates that offenders determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. Interviews with staff indicate that offenders with significant disabilities that required any special accommodations would not likely be held at Forrest Work Center due to the designation of the facility as a work camp. There were no residents who were identified as disabled or limited English proficient assigned to the Facility at the time of the onsite review.

Interviews with staff confirm that all inmates, regardless of disability would have equal access to PREA information. The Auditor observed PREA informational posters throughout the facility in both English and Spanish. Spanish is the prevalent non-English language in the area.

MDOC policy indicates that offenders who are limited English proficient have access all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. Based on a letter dated April 8, 2022, the Auditor determined that the FCCWC has an interpreter available for limited English proficient offenders through the use of local pastor. The facility indicated that this service was not used during this audit cycle.

The MDOC policy prohibits the use of inmate interpreters except in instances where a significant delay could compromise the offender's safety. Interviews with staff indicate that offenders would not be used as interpreters in PREA related situations. According to the PAQ, there were no instances of the use of an inmate interpreter even in exigent circumstances.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. PREA acknowledgement form
4. Background Checks on All Employees
5. Reviews of randomly selected employee files
6. Interviews

Findings:

The FCCWC does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the MDOC policy is written consistently with that in the standard. Staff indicated that the agency background investigator vets any prospective employee. The document review on-site and interviews with staff confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period. There have been no employees hired during this review period. MDOC CID staff complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. Staff verified this information in interviews discussing the background process.

The policy indicates that the FCCWC will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. Every employee and contractor undergo a background check and is not offered employment if there is disqualifying information discovered.

MDOC policy requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. There have been no contract staff hired at FCCWC during this review period.

Staff stated that if a prospective applicant previously worked at another correctional institutional, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation.

In accordance with the standard, MDOC policy requires background checks be conducted on facility staff and contract staff a minimum of every five years. MDOC CID staff does background checks every 5 years based on hire date. The reviews are done in groups so that all employees are completed during the 5 year period. The Auditor reviewed documentation of background checks completed by CID.

The FCCWC asks applicants and contractors directly about misconduct as described in the standard using an acknowledgement form during the application process. These forms are maintained in their respective personnel files. The Auditor reviewed files and verified these forms are being completed. The forms are also completed annually at the time of annual training. Interviews with staff indicated that the forms are being completed as required by the standard and agency policy. MDOC policy stipulates a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy were reviewed by the auditor.

In accordance with the standard, policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. Interviews with staff verified that the FCCWC would terminate employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct.

MDOC policy indicates that the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC 20-14-01
3. Observation of camera placement and footage
6. Memo

Findings:

According to the FCCWC PAQ and memo in the file, the FCCWC has made no upgrades to the camera system in the last 12 months. Nor have they acquired any new facilities or made any substantial expansions or modifications of existing facilities since the last PREA audit.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, FCCWC would consider how such technology may enhance FCCWC's ability to protect inmates from sexual abuse.

The Auditor reviewed the camera placement and observed the monitors at FCCWC and found that they are adequate as part of the measures to ensure the sexual safety of the offenders.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01, 12-05
3. MOU with Mississippi Coalition Against Sexual Assault
4. Memo
6. Interviews

Findings:

MDOC Corrections Investigation Division is responsible for conducting sexual abuse investigations as outlined in MDOC Policy 20-14-01 and 12-05. The facility follows a uniform protocol for investigating allegations of sexual abuse. Policies 20-14-01 and 16-14 outline evidence protocol and requirements for forensic medical exams.

The FCCWC does not hold youthful offenders.

MDOC policy stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost including prophylactic testing/treatment for suspected STIs. These exams would be performed off-site at the local hospital. Examinations will be conducted by qualified SANE/SAFE nurses. The availability of these services was confirmed by the Auditor.

The FCCWC reported on the PAQ there had been no have been no incidents of sexual abuse that required a forensic exam be conducted. This was confirmed onsite by staff interviews.

MDOC policy indicates they will make a victim advocate from a rape crisis center available to an inmate victim of sexual assault upon request. The FCCWC, through MDOC has an MOU with Mississippi Coalition Against Sexual Assault (MCASC) to provide services to the facility. They are available to serve as a victim advocate to victims of sexual assault at the FCCWC. The MDOC has an MOU with the agency, which was provided to the Auditor for review. As stipulated in the MOU, MCASA is available to provide an advocate to accompany and support the victim through the forensic exam process, if requested and shall provide any needed or requested emotional support or crisis intervention services. MDOC policy stipulates these services are available. The auditor spoke with a staff member at the MCASA and verified that they would and do provide services to MDOC offenders.

There have been no instances of alleged sexual abuse that have required services in the past 12 months.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. PREA Report
4. Website
5. Offender Referral Form
6. Interviews

Findings:

The MDOC policy is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation, if warranted. If an offender alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will take the initial report and refer it to one of the investigators for further action. The Investigator coordinates with the PCM and supervisors to determine the course of action. The MDOC CID conducts all criminal investigations for the FCCWC. The MDOC policy is posted on the website under the PREA section.

Interviews with staff verified that all allegations of sexual abuse or harassment are investigated. Staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify the PREA Compliance Manager of all allegations. Interviews revealed that staff take their responsibility very seriously to ensure that there is a zero tolerance environment at the facility.

MDOC utilizes an "Offender Referral Form" to report and refer allegations of PREA related incidents.

Interviews with random inmates indicate that they feel that the staff at the facility would take any allegation seriously and that all allegations would be investigated promptly.

The FCCWC reports there have been no allegations of sexual abuse or harassment in the past 12 months.

MDOC policy requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution.

The auditor reviewed the MDOC website and the agency policy is posted and publicly available.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. 2021 Annual Training
4. New Hire PREA Training
5. Review of Training Files
6. Interviews

Findings:

The MDOC policy is written in accordance with the standard and includes all required topics and elements of the standard. Policy requires that all employees, contractors, and volunteers who have contact with inmates receive training. The training is tailored to male inmates, as the facility does not hold female inmates. The facility provides PREA training at the time of hire during orientation and annually to each employee to ensure they remain up to date on the MDOC policies and procedures regarding sexual abuse and harassment. Each employee completes this training electronically with a unique login and completion is verified electronically. Interviews with staff confirmed that training is being completed in accordance with the standard.

The Auditor reviewed the training files for staff at FCCWC to verify and ensure all employees are receiving the training. During the pre-audit period the Auditor reviewed the training documentation submitted by the facility.

New staff are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During interviews with staff, they confirmed that no employee is permitted to have contact with inmates prior to receiving PREA training during orientation.

All staff interviewed indicated that they had received training and were able to articulate information from the training. All staff interviewed recalled having annual PREA training. Staff appear to understand their responsibilities regarding the standards and all documentation is maintained accordingly.

PREA training is conducted on an annual basis during in-service, versus every two years as required by the standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Annual Training
4. New Contractor/Volunteer PREA Training
5. Review of Training Files
6. Volunteer orientation
7. Interviews

Findings:

The MDOC policy is written in accordance with the standard and includes all required topics and elements of the standard. The policy requires that all contract staff and volunteers receive training regarding PREA. This training is required to be completed in person prior to contact with any inmates. The training is tailored to male inmates at FCCWC, as the facility does not hold females. The facility provides PREA training annually to each contract employee and volunteer to ensure they remain up to date on the MDOC policies and procedures regarding sexual abuse and harassment.

The Auditor reviewed the training curriculum and verified it included all information required by the standard, including information on the MDOC's zero-tolerance policy and the staff's responsibilities. The Auditor reviewed training files to verify and ensure all contracted employees (work supervisors) are receiving the training. New contractors and volunteers are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During the document review, the auditor was able to verify that the contractors who had been trained were required to sign an acknowledgement that they had received and understood the PREA training.

The documentation is maintained accordingly.

Due to Covid related restrictions, there were no programs being operated at the time of the onsite audit. The auditor was unable to interview any volunteer or contract staff. Facility staff were in the process of updating the work supervisor PREA training. This is done twice per year by the facility staff and documentation maintained in the file.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Review of inmate training materials
4. Review of inmate training documentation
5. Inmate Handbook
6. Sampling of inmate files comparing intake date, the date of initial screenings, and the date of comprehensive screening
7. Inmate acknowledgement
8. Interviews

Observations of the Following:

- PREA informational Posters throughout the facility in inmate housing and common areas

Findings:

The MDOC policy is written in accordance with the standard. In accordance with policy, offenders receive information regarding the facility and agency's zero tolerance policy. This information, along with the inmate handbook and informal posters provides offenders with information regarding sexual abuse and assault, the agency's zero tolerance policy and how to report incidents of sexual abuse or harassment.

The FCCWC PAQ reported that during the last year 110 offenders were committed to the facility and all were given the initial PREA information in accordance with the standard. Offenders will receive a PREA handout immediately upon intake and sign an acknowledgement of receipt that is maintained in their file. The handout contains information about the zero-tolerance policy and reporting information.

The auditor reviewed the intake process during the site review. In addition, the auditor observed PREA signage in a number of different locations and notification of the agency's zero tolerance policy. In interviews with staff, they told the auditor that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explained to the newly committed inmates that they could report any instances of abuse or harassment to staff and/or use the inmate telephone system to report abuse to the listed hotline.

Interviews with staff verified that inmates, including any transferred from another facility, are given the same PREA orientation. Inmates who were LEP would be provided the orientation using an interpreter. The Auditor observed PREA informational posters in the offender housing areas and public areas.

Random inmate interviews revealed that the inmates remembered receiving information upon arrival about the agency's zero tolerance policy and how to make a report of sexual abuse. The staff completing the intake process make it a priority to inform the inmates of PREA related information upon arrival to FCCWC.

The comprehensive education is accomplished through the use of the PREA orientation video. The video is shown during the inmate's facility orientation. This is documented on the inmate orientation, as well as the PREA Education Acknowledgement Form, both of which are kept in the inmate record to verify receipt of the training. Offender interviews indicated that they were receiving the training.

The auditor reviewed a sampling of inmate files. The file contained documentation of the initial inmate PREA orientation and receipt of the brochure at the time of admission, as well as the comprehensive education. The auditor found that the education is being completed. Interviews with staff and offenders verified that offenders are receiving the initial and comprehensive training within the timeframes stipulated in the standard.

All current offenders have received PREA training. Offender interviews indicate that most remember receiving information upon arrival and viewing the orientation video. They all have an awareness of PREA information and how to report.

As required by the standard, policy provides for education in formats accessible to all inmates. There are Spanish versions of all materials. There have been no instances of the need to accommodate special needs inmates during this audit period.

Information in multiple formats was available throughout the facility. The Auditor observed PREA informational posters in the offender housing areas. The inmate handbook is available and provided to all offenders.

After a review, the Auditor determined that the facility meets the minimum requirements of the standard.

Corrective Action: None

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Review of Training Materials
4. Review of Training Documentation
5. Interviews

Findings:

Agency policy is written in accordance with the standard. MDOC CID investigators conduct both administrative and criminal investigations. The Auditor verified the training for the designated agency investigators. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings.

The Auditor was provided and reviewed documentation of the required training for the investigators for the MDOC. There are 3 investigators designated to conduct PREA investigations.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
 Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Review of Training Materials
4. Review of Training Documentation
5. Interviews

MDOC policy 20-14-01 requires that all staff members receive PREA training in accordance with standard 115.31. Further, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training. The policy requires that the mental health and medical staff receive additional specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims of sexual abuse and harassment and to whom to report allegations or suspicions of sexual abuse or harassment.

The FCCWC does not employ any part-time or full-time medical staff. Any offenders needing medical or mental health treatment will be taken to South Mississippi Correctional Institution (SMCI) to be seen. All of the medical and mental health staff employed by the MDOC receive the specialized training required by the standard. The medical and mental health staff receive specialized training annually through the state that covers all aspects of the standard. The auditor reviewed examples of documentation of training for medical staff at SMCI.

The medical staff do not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted at the local hospital. Forrest General.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 14.7
3. Review of Risk Assessments
4. 30 Day Reassessment Logs
5. Sampling of Random Inmate Files
6. Interviews

Observations of the Following:

- Inmate Intake Process

Findings:

According to MDOC Policy, all inmates shall be assessed upon their admission to the facility and reassessed no later than 30 days after admission to the facility. The policy is written in accordance with

the standard and includes all the required elements. During the site review, the auditor was not able to follow an inmate through the admission process. But during the site review, the auditor spoke with the Correctional Administrator and the Acting Case Manager who explained the initial intake. During the process, inmates are informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. The interviews verified that within 72 hours of admission, (typically the same day), all inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior. The facility maintains a list of potential victims and abusers, however, due to the size and mission of the facility, most inmates who are screened as potential victims or predators would not be housed at FCCWC. Any potential victims and potential predators held at the facility would not be housed in close proximity or given jobs where they had to interact regularly.

During interviews with random inmates, most remember their initial screening and remember being asked PREA related questions during their admission. The Auditor asked the inmates if they were asked the risk screening questions. Most all inmates remembered at least something about the risk screening or some of the questions.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at FCCWC. FCCWC uses an objective screening instrument that is standardized throughout the department. The intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; and (9) The inmate's own perception of vulnerability. The MDOC does not hold offenders solely for civil immigration purposes. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to FCCWC, in assessing inmates for risk of being sexually abusive. In addition, staff review any previous assessments to determine if any information has changed.

The standard requires that an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Inmates are asked their sexual orientation in addition to the reviewing staff's perception. The standard requires that within 30 days from the inmate's arrival at FCCWC, FCCWC reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by FCCWC since the intake screening.

Within 30 days from the inmate's arrival at FCCWC, the facility reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by FCCWC since the intake screening. The facility provided documentation of completed reassessments. An interview with both the Acting Case Manager and PCM confirmed compliance with the standard.

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

FCCWC has implemented appropriate controls on the dissemination within FCCWC of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited

to the inmate's detriment by staff or other inmates. All files are kept in a locked cabinet with limited access.

The Auditor interviewed the staff member who completes the screenings. The staff indicated that the risk screening is completed within 72 hours. The screenings are completed and maintained in the inmate file. There is limited access to the PREA risk assessment. The auditor was provided a copy of and reviewed the screening form. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented.

Staff interviews verified that an inmate's risk level is reassessed based upon a request, referral or incident of sexual assault.

MDOC policy stipulates that no inmate shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to interviews with the staff, there have been no instances of inmates being disciplined for refusing to answer screening questions.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing:

intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Review of Screenings
4. Interviews

Inmates who are screened as being at high risk for being sexually abusive do not meet the eligibility criteria for being housed at FCCWC. The MDOC and FCCWC uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The MDOC and FCCWC makes individualized determinations about how to ensure the safety of each offender. MDOC policy requires that the agency will consider housing for transgender or intersex inmates on a case-by-case basis in order to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other inmates. During the site tour, the auditor reviewed all inmate housing units.

There have been no transgender inmates held at FCCWC during this review period.

The policy stipulates that LGBTI inmates will not be placed in a dedicated facility, unit, or wing solely on the basis of such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Staff

are aware of their responsibilities should they receive a transgender inmate with regard to this standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Inmate Handbook
4. Inmate Orientation
5. Site Review
6. MCASA MOU
7. MDOC Website
8. Hotline Information
9. Interviews

Observation of the following:

- Observation of informal interactions between staff and inmates
- Observation of telephone system
- Observation of Information Posters inside the housing units

Findings:

The MDOC policy is written in accordance with the standard and designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. The auditor reviewed the inmate handbook and found that inmates are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the inmate telephone system to make a report to the PREA hotline.

There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports, and third-party reports. This information is received by offenders at intake in both written and verbal form, contained in the inmate handbook and on informational posters in all offender housing areas, intake and various other locations throughout the facility. The Auditor tested the hotline and found this to be a viable reporting method.

During random staff interviews, staff stated that inmates could make a PREA report to any staff member, as well as use the PREA hotline. Staff also stated that inmates could write to staff as well. During the site review, the auditor observed reporting information adjacent to the inmate telephones in the housing units. Random offender interviews revealed that the offenders would feel comfortable

approaching and reporting to staff. They feel that that the staff at FCCWC would take any report seriously and act immediately.

The MDOC does not hold inmates solely for civil immigration purposes.

Staff interviews revealed that they are aware of their responsibilities with regard to reporting and would accept and act on any information received immediately. Information on how to report on behalf of an inmate is listed on the agency website. All staff indicated they would accept and act on third-party reports, including from another inmate. Inmate interviews revealed that they knew they could have someone report on their behalf and felt staff would act on third party reports and investigate them promptly.

MDOC policy provides a requirement that inmates have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. Offenders have the ability to report outside the FCCWC to the Mississippi Coalition Against Sexual Assault (MCASA). This information is in the inmate handbook, posted by the phones and on the brochure the inmates receive at intake. Most offenders mentioned this as a potential reporting method, indicating the offenders are aware of this information. The Auditor spoke with staff at MCASA and confirmed they would accept reports from offenders at any DOC facility.

Policy and the inmate handbook stipulates that third party reports of sexual abuse or harassment will be accepted verbally or in writing. Random inmate and staff interviews revealed that the staff and inmates are aware that third party reports will be accepted and treated just like any other reports.

Policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff and responded to immediately. During interviews with staff, they told the auditor that if an inmate reported an allegation of sexual abuse or harassment, they would immediately intervene by separating the victim and alleged perpetrator. In all random staff interviews, each staff member stated that they would take action without delay and would accept a verbal complaint and would be required to make a written report of the incident. During random inmate interviews, the inmates were asked if they knew that they could make a verbal report of an incident of sexual abuse or sexual harassment. All the inmates interviewed stated they were aware that they could just tell a staff member if something happened.

Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or the Warden directly. The hotline is also available to staff.

After a review, the Auditor determined that the facility meets the requirements of the standard

Corrective Action: None

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Staff Interviews

Findings:

MDOC Policies 20-14-01 and 20-08 establish administrative procedures for dealing with inmate grievances regarding sexual abuse. In the past 12 months, there have been no grievances filed alleging sexual abuse or harassment.

Inmate interviews indicate they are aware of their right to file a grievance. The Auditor reviewed the inmate handbook and procedures for filing a grievance are included.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Inmate Handbook and Website
4. Hotline Information
5. PREA brochure
6. MOU with MCASA
7. Interviews

Observations of the Following:

- PREA informational Posters throughout the facility

Findings:

MDOC policy is written in accordance with the standard. The facility provides inmates with access to local, state, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers. The policy requires reasonable communications between inmates and those organizations and agencies, in as confidential manner as possible. The FCCWC informs inmates of the extent to which these will be monitored prior to giving them access. There have been no incidents reported that required confidential support services during this audit period. Staff interviews indicate they are aware of their obligations under this standard. No inmate has requested Victim Advocate Services at FCCWC during this audit cycle. If this request is made, the inmate will have the opportunity to speak to an advocate in a private setting.

The auditor reviewed the PREA information handout, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed posters that notifies inmates of the availability of a third-party reporting hotline. These are available in both English and Spanish. Policy requires that inmates and staff are allowed to report sexual abuse or harassment confidentially.

Inmates are informed of the services available at intake. FCCWC provides all inmates information regarding victim advocacy services upon intake, as well as during orientation. Inmates are also made aware of the 24/7 crisis line that is available to them as part of the victim advocate service. Inmate interviews indicated that the inmates are aware of at least some of the services that are available to them. The information is listed in the handout that is provided to the inmates, as well as the inmate handbook.

The FCCWC has an MOU through MDOC with the Mississippi Coalition Against Sexual Assault (MCASA) to establish an agreement for emotional support services and advocacy. The Auditor was provided a copy of the MOU and verified the agreement for services. The Auditor spoke with staff at the MCASA and verified the availability of services to MDOC offenders.

There have been no inmates detained solely for civil or immigration purposes.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Inmate Handbook
4. FCCWC Website
5. Staff Interviews
6. Inmate Interviews

Findings:

The policy is written in accordance with the standards, stipulating that all third-party reports will be accepted and investigated. The FCCWC publicly provides a method for the receipt of third-party reports of sexual abuse or harassment through the MDOC website. The Auditor reviewed the DOC website. The website has information on its PREA page that contains information about PREA and contact and reporting information should any one wish to report an incident of sexual abuse or harassment on behalf of an inmate.

There is a hotline available for both staff and inmates to report incidents at the facility.

Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff indicate they will accept a third-party report from a family member, friend or another inmate. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated thoroughly.

Offenders are provided this information at intake and offender interviews indicate that they are aware that family or friends can call or write and report an incident of sexual abuse on their behalf. Inmate interviews revealed that the offenders felt as if the staff would act on any reports received and investigate the same, regardless of the source of the information.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Interviews

Findings:

MDOC policy is written in accordance with the standard and requires all staff, contractors and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. During the site review of FCCWC, staff were asked if they were obligated to report any instances or suspicions of sexual abuse or harassment. All of the staff members responded unequivocally that they were required to report any such instances. Interviews with all staff indicate they are very clear with regard to their duties and responsibilities in reporting PREA related information, including anonymous and third-party reports. Staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. Staff articulated their understanding that they are required to report any information immediately through their chain of command and document such in a written report.

One of the staff members interviewed stated that they work very hard to make sure PREA related instances do not occur at FCCWC. The staff are committed to ensuring inmate safety with respect to PREA.

MDOC policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All investigative files are maintained by MDOC CID with limited access.

Interviews verified that all allegations of sexual abuse or harassment received from a third party are referred for investigation and immediately acted upon.

There have been no allegations during this audit period for the auditor to review the investigations. However, staff were clear in their responsibility to report any received information. Random interviews with inmates revealed that they felt as if the facility would investigate any allegation regardless of the source.

All allegations of sexual abuse and harassment are reported to the supervisor, who initiates an investigation and the PCM is notified.

There were no allegations of sexual harassment or assault for the previous 12 months.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)
- Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

Evidence Reviewed:

- FCCWC Completed PAQ
- MDOC Policy 20-14-01
- Memo
- Interviews

Findings:

MDOC policy is written in compliance with the standard and requires that whenever there is a report of an incident of sexual abuse or harassment, the victim should be immediately protected. Random interviews with staff indicate they are clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Staff indicated they would immediately remove the inmate from the situation, keep them separate and find an alternate place for them to stay or be housed pending an investigation or further action. Staff stated they would ensure the inmate was kept safe, away from the potential threat and an investigation was completed.

Offender interviews revealed that they felt the staff would ensure their safety. All inmates interviewed stated that they felt safe in the facility and that the facility was low key due to the type of offenders housed there. Offenders stated they felt comfortable going to staff and felt confident that the staff would ensure their protection.

FCCWC reports in the PAQ that there have been no determinations made that an offender was at substantial risk of imminent sexual abuse. There have been no PREA related allegations and FCCWC did not have any inmates determined by the facility to be subject to a substantial risk of imminent sexual abuse requiring immediate action during this audit period. All inmates that report an allegation would be immediately separated from the alleged abuser and kept in staff sight at all times until the alleged abuser is secured.

The Auditor randomly reviewed files and talked with staff and found no evidence that an inmate was determined to be at imminent risk of sexual abuse. There have been no incidents that required action with regard to this standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Interviews

The agency's policy is written in accordance with the standard and requires that if the Warden or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, they must make notification within 72 hours. During this review period, the FCCWC reported receiving no notifications from an inmate alleging sexual abuse while incarcerated at another facility that needed to be reported. Staff confirmed their understanding of their affirmative requirement to report and investigate allegations in accordance with the standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Sexual Response Checklist
4. Review of investigative files, if any
5. Interviews

Findings:

The MDOC policy is written in accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted. Policy requires that when an inmate reports an incident of sexual abuse, the responding staff member: Separate the alleged victim and alleged abuser, Preserve and protect and evidence, if the abuse allegedly occurred within a time period that would allow the collection of evidence the first responded advise the victim not take any actions that would destroy any evidence, and take action to prevent the alleged abuser from destroying evidence.

There have been no instances of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence.

The auditor interviewed no inmates during the on-site portion of the audit who had reported sexual abuse.

The staff at FCCWC were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditor was informed the scene would be preserved and remain so until the Investigator arrived to process the scene.

The facility uses the Sexual Assault and Response Containment checklist, which is a standardized form for MDOC.

The supervisors stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and the alleged victim would be taken to medical for treatment and transported to the ER at Forrest General for a forensic exam, if needed. The PCM would also be informed.

Policy requires that if the first responder is not a security staff member, the staff immediately notify a security staff member. There were no instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Sexual Assault Checklist
4. Interviews

Findings:

MDOC and FCCWC has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The MDOC has a Sexual Assault and Response Containment checklist to ensure that all aspects of the response are covered and nothing is missed.

There have been no instances of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence.

The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. The initial investigation begins with the first responders and supervisors and then the agency investigators. Depending on the nature of the allegation, the investigation will either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with MDOC policy and provided forensic exams and ancillary services, as well as advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed promptly and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's 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? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- FCCWC Completed PAQ
- MDOC Policy 20-14-01
- Interviews

Findings:

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

The auditor verified that there is not a collective bargaining agreement in place and the MDOC does not engage in collective bargaining.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Interviews

Findings:

The MDOC's policy is written in accordance with the standard and requires staff and inmates who report substantiated allegations of sexual abuse or harassment are protected from retaliation for making such reports. The PREA Compliance Manager is designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days.

There have been no allegations of sexual abuse or harassment during this audit period.

In the event the inmate cannot be protected at the facility, the staff can and will recommend a transfer.

The MDOC uses a standardized form to monitor retaliation for offenders. A copy of the form was provided to the Auditor to review.

Supervisory staff have the authority to request transfers to other facilities or take other protective measures to assure inmates are not retaliated against. In addition, the Warden has the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment.

All staff members interviewed affirmed that they had a duty to report any incident of retaliation.

The facility reported there were no incidents of retaliation in the last 12 months. In addition, FCCWC did not have any investigations requiring staff retaliation monitoring for this audit period

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Review of Investigative files, if any
4. Interviews with Staff
5. Documentation of Investigator Training

Findings:

The MDOC policy is written in accordance with the standard. The agency conducts both administrative and criminal investigations of sexual abuse and harassment. The agency policy stipulates that they will respond to complaints that are received internally and externally by a third party. The policy requires that investigations are responded to promptly. The FCCWC conducts an investigation on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. There were no allegations of sexual harassment or sexual abuse during the past 12 months.

The FCCWC is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the facility, plus an additional 5 years, in accordance with the standard and written policy. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.

MDOC investigators are required by policy to cooperate with outside investigators and will attempt to communicate to remain informed about the progress of a sexual abuse investigation. There have been no investigations referred to an outside agency during this audit period.

At the time of the on-site audit, the MDOC employed and provided training records for 3 staff members in CID who have received specialized training to conduct sexual abuse investigations in confinement facilities. The auditor was provided training curricula and training certificates of designated investigators. The auditor reviewed and verified that each of the facility investigators had proof of receiving the specialized training required by the standard. The investigators are on call and available to respond immediately if necessary.

All investigative files are maintained securely by the MDOC Criminal Investigation Division with limited access. Investigative files are maintained for a minimum of five years after the abuser has been released or a staff abuser is no longer employed.

In accordance with policy, the agency would continue the investigation even if an inmate is released or a staff member terminates employment during the investigation.

The FCCWC has had no incidents or allegations that required investigation during the review period.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Review of Investigative files for the past 12 months, if any
4. Interviews

Findings:

The agency's policy is in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

There have been no allegations of sexual abuse or harassment within the last 12 months, therefore the auditor was unable to review any investigative files.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Review of investigative files and notification to inmate, if any
4. Interviews

Findings:

The agency policy is written in accordance with the standard and requires and inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded within 30 days following the conclusion of the investigation. The agency is responsible for both administrative and criminal investigations. There have been no allegations referred to an outside agency during this audit period.

During the past 12 months, there have been no allegations of sexual abuse or harassment at FCCWC. There were no inmates who reported sexual abuse or harassment in custody at FCCWC during the on-site portion of the audit for targeted interviews.

Staff are aware of their affirmative requirement to report investigative finding to inmates in custody for allegations of sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Interviews with Staff

Findings:

The MDOC policy was reviewed and is in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Employees who are found to have violated agency policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts as well as the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories.

According to the submitted PAQ, in the past 12 months, there were zero staff terminations or disciplinary actions related to the sexual abuse or harassment of inmates. Staff interviews verified that there have been no allegations of staff to offender sexual abuse, sexual misconduct or sexual harassment.

Interviews with facility staff verified that staff consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. The staff is aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

Policy requires that if a staff member is terminated for violating the facility's sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred for possible prosecution. If an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Volunteer Agreement
4. Volunteer Guide
5. Interviews with Staff

Findings:

The MDOC policy was reviewed and is in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates and will be reported to law enforcement agencies, unless the conduct was not criminal in nature. This would also be reported to any relevant licensing bodies. In the past 12 months, there have been no allegations of contractor or volunteer sexual abuse, sexual misconduct or sexual harassment.

The Auditor reviewed the Volunteer Agreement and the Volunteer Guide.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Inmate Handbook
4. Review of Investigative Files, if any
5. Review of disciplinary records, if any
6. Interviews with Staff

Findings:

The agency policy directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy dictates that staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation.

FCCWC prohibits sexual activity between inmates. Inmates found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between inmates is found to be consensual and non-coercive, staff will not consider the sexual activity as an act of sexual abuse. Inmates receiving disciplinary charges resulting from sexual activity would likely be transferred due to the requirements for being housed at FCCWC.

MDOC policy states inmates are subject to formal disciplinary action following an administrative finding that they engaged in inmate-on-inmate sexual abuse. According to the submitted PAQ, there have been no substantiated instances of inmate-on-inmate sexual abuse. There have been no criminal findings of guilt for inmate-on-inmate sexual abuse. There have been no sexual abuse allegations in the past 12 months, therefore no investigative files to review.

According to policy, disciplinary action for inmates is proportional to the abuse committed as well as the history of sanctions for similar offenses by other inmates with similar histories.

Agency policy requires that staff consider whether an inmate's mental health contributed to their behavior before determining their disciplinary sanctions. FCCWC has had no disciplinary reports

involving inmate-on-inmate sexual abuse that involved an inmate that had a mental disability or mental illness that contributed to the inmates' behavior or necessitated mental health input during the previous twelve (12) months.

Agency policy stipulates that inmates will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no unsubstantiated or substantiated instances of inmate on staff sexual abuse or harassment during the audit period.

Agency policy prohibits disciplining inmates who make allegations in good faith with a reasonable belief that prohibited conduct occurred. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith.

Interviews with staff and inmates confirmed their knowledge of the policy regarding inmates engaging in non-coerced sexual activity. Furthermore, the staff and inmates were aware that the agency has an internal disciplinary process for inmates who engage in sexually abusive behavior against other inmates and knew that they could be disciplined for sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Interviews with Staff
4. Interviews with Inmates

Findings:

The MDOC policy is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff. Interviews with staff confirm that victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The staff are aware of their responsibilities with regard to protection of the victim and evidence in the case of a report of sexual assault. Inmates would be taken to SMCI for any needed medical care. For services that are outside their scope, the victim can be treated at the local emergency department, Forrest General. Forensic exams are conducted off-site at the local emergency department by qualified forensic nurse examiners. An advocate from the rape crisis center, Mississippi Coalition Against Sexual Assault, is available at the request of the victim.

There were no documented allegations of sexual abuse requiring emergency medical or mental health services during the review period.

MDOC policy states that all inmate victims of sexual abuse will be offered information and access to sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. There have been no allegations of sexual assault at the FCCWC in the last 12 months requiring these services.

FCCWC policy states that forensic examinations will be performed at a local hospital without a financial cost to the victim. The FCCWC has an agreement with Forrest General Hospital to provide services to the inmates. This was verified through memo from the hospital. Victims of sexual abuse would not be charged for services received as a result of a sexual abuse incident. There have been no allegations of sexual assault at the FCCWC in the last 12 months requiring these services.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Interviews with Staff
4. Interviews with Inmates

Findings:

The MDOC policy is written in compliance with the standard and states that the facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care.

Medical and mental health care for inmates housed at FCCWC would be provided at South Mississippi Correctional Institution.

Inmate victims of sexual abuse while in the facility will be offered tests for sexually transmitted infections as medically appropriate. Interviews with staff confirm that inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. There have been no allegations of sexual assault at the FCCWC in the last 12 months requiring these services.

MDOC policy states that all treatment services for sexual abuse will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with staff confirm that these services would be provided to the inmate at no cost. There have been no allegations of sexual assault at the FCCWC in the last 12 months requiring these services.

Staff interviews confirmed the staffs' knowledge of the policy and standard. Interviews with inmates confirm they are generally aware of the availability of services should they request or require them. The local rape crisis center through MCASA is available for crisis counseling and/or advocacy services. There were no allegations of sexual assault during this review period where the inmate was transferred to the hospital.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Interviews with Staff

Findings:

The MDOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. Agency policy states that a sexual abuse incident review will ordinarily be conducted within 30 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. The review team will consist of upper-level management officials, with input from supervisors, investigators, and medical/mental health personnel. During this review period there have been no allegations of sexual misconduct in the previous 12 months at FCCWC.

In accordance with the standard, MDOC policy states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation; the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may permit abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

A staff interview confirms that a report of the findings, including recommendations for improvement, would be completed and submitted for inclusion in the file. The Warden will review the recommendations and any recommendations would be implemented, or the reasons for not doing so would be documented.

There have been no allegations which necessitated an incident review during the previous 12 months.
After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Annual Report 2020
4. Interviews with Staff

Findings:

The MDOC policy is consistent with the requirements of the standard and states that the agency will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data. The Auditor reviewed the Annual Report available on the facility website, including aggregated sexual abuse data for calendar year 2020.

An interview with staff confirms the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Per policy, data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested.

The facility is collecting and aggregating sexual abuse data on an annual basis as required by the standard. The MDOC collects accurate, uniform data for every allegation of sexual abuse at all facilities using a standardized instrument and set of definitions. This is available on the facility website and in the MDOC policy.

Each MDOC facility completes monthly reports and submits them to the PREA Manager's office for review.

There is a comprehensive annual PREA Statistical Report for all MDOC facilities.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ with ADP
2. Statistical Report 2020
3. Annual Report 2020
4. Website with sexual abuse data
5. Interviews with Staff

Findings:

The MDOC policy is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 will be made readily available to the public through the agency website, excluding all personal identifiers after final approval. The Auditor reviewed the Annual Reports including data for calendar year 2020. The reports indicate that the agency reviewed the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report includes an overview of the facility's plan for addressing sexual abuse and aggregated data. The annual report indicates the agency's efforts to address sexual abuse include continued internal assessments, staff training to improve awareness, and technology increases. Interviews with staff confirm these efforts.

There is no personally identifying information in the report.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. FCCWC Completed PAQ
2. MDOC Policy 20-14-01
3. Annual Report
4. Statistical Report
5. MDOC Website containing sexual abuse data
5. Interviews with Staff

Findings:

The MDOC policy is consistent with the requirements of the standard, which mandates that sexual abuse data be securely maintained and indicates that data collected pursuant to 115.87 will be made readily available to the public through the agency's website, excluding all personal identifiers after final approval by the Commissioner. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

All sexual abuse data and files are maintained by the MDOC CID, with limited access. Aggregated sexual abuse data is gathered from the investigative reports. The Auditor reviewed the agency's website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. PAQ
2. On-Site Review
3. Interviews

Observation of the following:

- Observation of, and access to all areas of the FCCWC during the site review

FCCWC's last audit was June 20, 2019. The Auditor was given full access to the facility. The facility administration was open to feedback and very hospitable and professional. The facility provided the Auditor with a tour of the facility. The Auditor was able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information. All requested documentation was provided in a timely manner.

All staff at FCCWC cooperated with the Auditor and the Auditor was able to conduct interviews with staff and inmates in a private area. The auditor was permitted to conduct unimpeded private interviews with inmates at the FCCWC. The Auditor was given a private interview room to interview inmates, which was convenient to inmate housing areas. The FCCWC staff facilitated getting the inmates to the auditor for interviews in a timely and efficient manner. Informal interviews with inmates confirm that they were aware of the audit and the ability to communicate with the auditor.

The auditor was able to observe both inmates and staff in various settings.

Prior to the on-site review, letters were sent to the facility to be posted in all inmate living areas which included the Auditor's address. The Auditor observed notices posted in each inmate living unit that were emailed to the PREA Coordinator prior to the Audit. The Auditor received documentation that the notices to inmates were posted six weeks in advance of the first day of the audit. No correspondence was received from offenders at FCCWC.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. MDOC Website
2. Interviews

Findings:

FCCWC's last audit was held on June 20, 2019. The report is available on the MDOC website.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Lori M. Fadorick

7/5/2022

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.