

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 20 May, 2016

Auditor Information			
Auditor name: Jack L. Falconer			
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Email: jfalconer1@cox.net			
Telephone number: Click here to enter text.			
Date of facility visit: 3-4 May, 2016			
Facility Information			
Facility name: Wilkinson County Correctional Facility			
Facility physical address: 2999 US Highway 61, North Woodville, MS39669			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 601-888-3199			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Jody Bradley			
Number of staff assigned to the facility in the last 12 months: 244			
Designed facility capacity: 950			
Current population of facility: 891			
Facility security levels/inmate custody levels: High, close, medium, low, minimum			
Age range of the population: 19-66			
Name of PREA Compliance Manager: Alan Chapman		Title: Deputy Warden/PREA Compliance Manager	
Email address: alan.chapman@mtctrains.com		Telephone number: 601-888-3199,ext 2215	
Agency Information			
Name of agency: Management and Training Corporation			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 500 North Marketplace Drive, PO Box 10, Centerville, Utah 84014			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 801-693-2600			
Agency Chief Executive Officer			
Name: Scott Marquardt		Title: President and CEO	
Email address: scott.marquardt@mtctrains.com		Telephone number: 801-693-2800	
Agency-Wide PREA Coordinator			
Name: Mark Lee		Title: Director, Corrections, Corporate PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE

The PREA audit of the Wilkinson County Correctional Facility (WCCF) was conducted on 3-4 May, 2016. The facility is a 950 bed prison for adult male offenders, operated by the Management & Training Corporation (MTC) for the Mississippi Department of Corrections (MDOC).

It is the stated mission of the **Wilkinson County Correctional Facility** “ We will be a leader by: Implementing our plans to achieve high performance standards and goals. Maintaining a foundation based on intergrity, accountability and excellence. Providing long-term growth and stability while ensuring fiscal responsibility, Creating opportunity through a positive environment for personal growth and development. Empowering employees to implement innovative ideas for continuous improvement, and Building esteem and pride by celebrating our diversity and accomplishment. MTC is a Leader in Social Impact.”

Preparation for the audit included a through review of all materials submitted by the facility to include the Pre-Audit Questionnaire. The documentation included the MTC, WCCF, & MDOC policies and procedures, forms, training curriculum, organizational charts, and other PREA related information that the facility uses to implement the PREA standards. The documentation was reviewed by the auditor and any questions were clarified by sending questions to the facility PREA Compliance Manager. Responses were reviewed prior to the on-site visit.

The facility documentation also included staff and offender rosters. These rosters were used to select offender and staff names for the interview process.

For the interview process, the auditor randomly selected from each of the WCCF housing units, twenty one offender names for interview. The facility had a total of 8 cell type housing units and one Segregation Unit. Offender names were selected at random (ethnic groups were included) from each of the facility housing locations. The purpose of the offender interview is to ensure that the offenders understand their rights under PREA, how to report any incident, and validate that their PREA provisions are being provided by the facility.

The auditor also provided a list of offender categories that must be interviewed if at the facility. These included disabled offender, LBGTI offender, offender in segregation for protection, offender who reported sexual abuse, and an offender who disclosed being a victim during risk screening. The facility indicated that none of their offenders met the descriptions.

Additionally, a random sample of ten Correctional Officer staff were selected for interview. This process included all shifts, both male and female. The purpose of the CO interview was to verify whether the policies and procedures were actually being enforced and that the Officers understood their responsibilities under PREA. The questions included asking about their understanding of the zero tolerance policies, how to respond to PREA incidents, and a variety of other questions.

The auditor also provided a list of management and specialized staff that must be interviewed if they met the specific requirements as outlined in the PREA audit guidance.

On the first day of the audit, an entrance meeting was held where introductions were made. The following were in attendance:

Jody Bradley, Warden

Alan Chapman, Deputy Warden.PREA Compliance Manager

Carl Nink – Management Training Corporation Asst PREA Coordinator

Jack Falconer – Auditor

In addition, eleven WCCF, MTC, and MDOC staff were present.

The auditor briefed the group on the audit process and responded to questions.

After the entrance meeting, a complete tour of the facility was made looking at all areas of the facility and conducting staff and offender interviews. The auditor toured the facility accompanied by the Warden, MTC PREA Coordinator, the Facility PREA Manager, and others. All areas were examined looking at the design of the facility,

blind spots, camera locations, security operations that ensure offender safety, camera monitors, shower and commode locations, privacy screens, and offender programming to include social services, medical, education and work programs. Other areas examined included all offender housing, administration, medical, food service, recreation, maintenance and the outside the secure perimeter facilities.

The auditor interviewed 53 staff and offenders during the PREA audit. Twenty-one random offenders from the housing units, seventeen specialized staff, five management staff, and ten random correctional officers were interviewed using the questions provided in the PREA audit documents.

On the last day of the on-site audit, the Exit Brief was held. The auditor made comments about the WCCF operations as it relates to the PREA requirements. The next steps were also provided to the group. In attendance were:

Jody Bradley, Warden

Alan Chapman, Deputy Warden. PREA Compliance Manager

Carl Nink – Management Training Corporation Asst PREA Coordinator

Jack Falconer – Auditor

In addition, eleven WCCF, MTC, and MDOC staff were present.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Wilkinson County Correctional Facility (WCCF), located in Woodville, Mississippi, was initially opened in 1998. The facility is a Minimum/Medium/Maximum custody level prison, owned by the Wilkinson County Industrial Development Authority, and is operated by the Management and Training Corporation (MTC) headquartered in Centerville, Utah. The adult male offender population is from the Mississippi Department of Corrections. MTC began management of the WCCF in July, 2013.

The facility is located on a 97.5 acre site and has 17.7 acres within the secure perimeter fence. The physical plant is a 198,000 square feet structure providing space for entry, control, administration, visitation, medical, food service, segregation, programs, religion, recreation, staff training, and offender housing. The buildings have smoke detectors and sprinklers in all areas for fire protection.

Design Capacity:	950
Actual Population (3 May, 2016)	897
Average Daily Population	859
Security/Custody level:	Minimum, Medium,Maximum/Close Custody
Gender	Adult Male
Age Range	19-66
Average length of Stay	350 days

Staffing:	
Administration	18
Support	5
Security	162
Programs	20
Total	205

Medical (Centurion)	26
Food Service(Trinty)	7

Offender housing includes two cell-type units with 2 pods each, 4 cell-type units with 3 pods each, and a Segregation Unit of 21 beds. All cell units have adjacent shower areas equipped with privacy partitions and curtains.

The commodes and wash basins are in the cell. The security perimeter is provided by two fences with razor wire, electronic intrusion alarm system and a electric stun fence. Numerous cameras are provided to enhance the security operation.

The WCCF Central Control monitors and controls all traffic moving into and out of the facility at the front staff entrance and at the rear vehicle gate. The facility uses a body scanner, metal detector, a "Boss" chair, and x-ray package scanning, to detect possible contraband.

Program spaces are provided and indoor gym and outdoor recreation areas are also available adjacent to the housing areas.

Food is prepared in a central kitchen and is served both in a dining hall and the individual cell areas, dependent upon classification.. In the Segregation Unit and in a portion of the cell units, the food is served on plastic and Styrofoam trays.

The facility has a zero-tolerance policy regarding sexual abuse of any offender. The PREA information is provided to all offenders upon arrival at the facility. Posters and signs are available in all housing areas reminding them of how to report incidents of sexual abuse. This information is also included in the offender handbook.

The facility has a variety of rehabilitative programs that are offered to the offender population. These include self help/social services programs, religion programs, recreation, and medical/mental health services. The facility programs combines the use of evidence base programming with MTC's best practices to address criminogenic

needs of offenders while, at the same time, maintaining a safe and secure environment.

Offender programs include;

Inside Out Dads, MRT, Coping with Anger, Cage Your Rage, Thinking for a Change, and Thinking for Good.

Educational programs include ABE, GED and one VT program.

The GED program has 14 active participants and 5 graduates that earned their GED.

The facility also offers a Short Term (3 months) and a Long Term (6 Months) offender change program where the offender are expected attend classes daily, participate in daily group discussions, drug testing, etc. These programs are court ordered, MDOC ordered, or by the MS Parole System. They are also open to the offender population.

The Religious Program is staffed by a Chaplin, a contract Imam, and by volunteers from the community.

The Medical program, operated by Centruion Medical Group, is under a separate contract with MDOC.

Staffing for the medical program includes 26 Health Care providers. The Medical Program operates 24/7. Mental Health services are provided by professional staff and by use of Tele-Medicine. Most of the offenders interviewed indicated the medical program met their needs. The clinic area is located to provide easy access to the offender population. There is no infirmary at the facility and a local hospital is used for that purpose. The medical unit does have an isolation room available.

Offenders incarcerated at the facility are afforded the opportunity to participate in work programs in most of the operational areas of the facility. There are no Correctional industry programs.

Progress and improvements at WCCF:

The Wilkinson County Correctional Facility (WCCF) has been making improvements and progress since MTC assumed daily management operations on July 1, 2013. The progress is in both the Programs and Security operations areas.

When MTC operations began the facility had been on lockdown status for over one year. The facility began a structured release from lockdown of offenders who were assigned to General Population housing. During this process, housing units were designated for workers, education and senior aged offenders. Perimeter netting was installed as a deterrent to the introduction of contraband being thrown over the perimeter security fencing. Enhanced the cell door security by installing detention grade keyed locks on all 512 cell doors in the housing units. Stainless steel toilets and sinks are being installed to replace the porcelain fixtures as they become damaged. The facility established a satellite medical and mental health examination room in the immediate area of Long Term Segregation and Protective Custody offender housing units. This room has Tele Med and TelePsychiatric video capabilities.

A Town Hall meeting with offender representatives from every housing unit in General Population was conducted. These offenders had the opportunity to meet with key staff from Security and Programs to discuss issues and ideas. MTC continues to institute our Believe It Or Not I Care (BIONIC) management philosophy for WCCF. As a result of this management philosophy the facility has realized a 50.4% decrease in uses of force, a 60% decrease in Inmate on Inmate assaults with a weapon and a 25% decrease in Inmate on Inmate fights.

Safety and Sanitation have been enhanced with power washing of the exterior of the buildings to remove mold and mildew. Multiple areas of the interior of the facility have been painted MTC colors. Education areas have been painted with themes representative of the programs being provided in those areas.

The facility instituted the MTC Morale Recognition Therapy (MRT) program in both the classroom setting and in the cell, for offenders who are not able to attend in the classroom. This is a program designed for offender to reduce thinking errors and improve their chances of succeeding outside of prison.

The GED Program has had offenders' successfully complete 35 individual parts of the test. Five offenders have received their GED Certificates.

Beginning in July 2015, GP offenders began eating in the dining hall for meals as part of the structured plan to return the facility to normal operations. This had not occurred for more than two years before MTC assumed

operations. The facility now has in excess of 300 of the 800+ total offender population eating all meals in the dining hall on a regular basis.

Separation fencing has been installed in the outside recreation yard. This divided the yard into two separate facilities where more offenders can be outside at a given time to enhance their recreational activities. The offenders are participating in more tournaments and outside activities.

The Quarterly Community Relations meetings have been expanded to include additional community leaders and citizens. The Mayor of Woodville, The Chief of Police Town of Woodville, a State Representative and State Senator are now members. The facility participates in various community activities including the Mississippi Food Network, March of Dimes, multiple activities at the Senior Citizens Center, Wilkinson County Public Schools and the Woodville Deer Festival.

In the past, WCCF has been accredited by the American Correctional Association and is now actively seeking reaccreditation.

The facility has a very clean and orderly appearance. The grounds are well manicured and the facility appears to be well maintained. The correctional security program appears to be appropriate for the security classification. Correctional Officers provide the security supervision. The offenders interviewed indicated that they felt safe in the correctional environment provided by the WCCF.

SUMMARY OF AUDIT FINDINGS

The Pre-Audit Questionnaire provided by the facility indicated 12 allegations of inmate on inmate sexual abuse and sexual harassment in the past 12 months. All 12 of the allegations were administratively investigated and determined to be unfounded. None were criminally investigated. There were zero allegations of staff sexual abuse.

The offenders interviewed indicated that they were aware of and understood the Agency's zero tolerance policy and what it meant for their protection. All received the information at intake and other PREA training and understood the multiple ways to report sexual abuse and harassment and how to protect themselves. The interviewed offenders were able to describe how to report, use of the hot line, and what they would do if they were abused. They indicated that they felt safe and there was an open communication line between themselves and the correctional officers.

The facility staff indicated that they were trained on PREA and what zero-tolerance actually means and how to enforce the PREA policies. They were very knowledgeable about their roles and responsibilities in the prevention, reporting, and response to sexual abuse and harassment of the offender population. They all carried the first responder cards and knew very well the steps they must follow as a first responder.

In addition, the auditor interviewed a religious volunteer to verify that he had received the zero-tolerance and other training required by PREA.

In summary, after review of all documentation, the results of the interview process, the auditor determined that the Wilkinson County Correctional Facility Facility has made the requirements of PREA a high priority by properly training their staff and offender populations on the key components of PREA. The Warden and his top management staff displayed a high commitment to the PREA process.

Overall Final Compliance Report for WCCF:

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0
Number of standards not applicable:	2 (115.12 & 115.66)

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF has policies that mandate a zero tolerance for sexual abuse and sexual harassment of their offender population. The facility PREA Compliance Manager indicated that the facility follows all components of this standard.

The policies also present a plan to address prevention, detection, and responses of the zero tolerance policy for all employees. The policies includes the definitions of prohibited behaviors, sanctions and agency strategies and responses regarding sexual abuse and sexual harassment

MTC employs a PREA Coordinator, an Assistant PREA Coordinator, which report to the MTC Corrections senior Vice President. WCCF assigns a Deputy Warden as the PREA Compliance Manager who reports to the Warden. Both the Coordinators and Manager are listed on organizational charts and they indicate that they have sufficient time to address the needs of PREA.

Policies, other evidence reviewed:

WCCF Pre-Audit Questionnaire.

MTC903E.02, pg 1-2

MDOC SOP 20-14-01, pg 1-3.

WCCF 12.004, pg 1-3.

WCCF, MTC organizational charts, interviews, and memos.

Interviews with PREA Coordinator & the PREA Compliance Manager.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable

The Wilkinson County Correctional Facility (WCCF) does not contract with external entities for the confinement of offenders.

The facility is owned by the county of Wilkinson, Mississippi, and operated by the Management Training Corporation (MTC). The MTC contract does require full compliance with the PREA standards.

The standard defines Agency as a unit of a State, local, corporate, or non-profit authority with direct responsibility for the operation of any facility that confines inmates, detainees, or residents. Given this definition, MTC is the agency and does not have the authority to contract with other entities for the confinement of offenders or inmates.

A monitor is assigned to the facility by MDOC.

Policies and other evidence reviewed

WCCF Pre-Audit Questionnaire.

MTC memo.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF has developed a staffing plan to safely meet the PREA and correctional needs. The facility indicated (by documentation and in the interview process) that their staffing plan has addressed all issues of providing a safe staffing level, filling all mandatory positions, and provides for the use of monitoring technology. Their contract requires that all security posts are always filled. All relevant factors provided for in the standard are considered by the facility. WCCF has an average daily population of 865 offenders and the staffing plan was predicated on 865 offenders.

This plan involves always filling a list of mandatory positions to meet the necessary staffing requirements when vacancies occur. The facility used overtime to meet a safe staffing mandate. The facility reported, with the use of overtime, no deviations from the custody staffing plan for the past 12 months. The Auditor examined the plan and direct contact correctional staff vacancy rates for a 18 month period (Nov 2014 thru April 2016). The correctional staff vacancy rate for this period averaged 9.03%.

On 29 March, 2016, the Warden and senior staff reviewed the plan and determined that no changes were needed. The plan was also reviewed by the Agency PREA Coordinator.

Unannounced rounds designed to identify and deter staff sexual abuse and harassment are conducted and documented daily for all shifts by senior WCCF management staff. This was verified by documentation of the rounds conducted and in the interview process of the Major and the Captain.

Policies and other evidence reviewed:

WCCF staffing plan.

Vacancy reports

WCCF Pre-Audit Questionnaire.

MTC 903E.02, pg 6, 3 a-b-c.

WCCF 12.004, pg 3-4

Interviews with the Contract monitor, Warden, PCM, & PREA Coordinator confirm that the standard is met.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not Applicable

Since no offender is under 18 years of age at WCCF, the standard does not apply to the facility.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF has policies that do not allow their correctional staff to conduct cross-gender strip or visual body cavity searches of offenders. The facility reported zero instances where these types of searches had occurred. These searches can only be done by medical personnel or by staff in an emergency (must be documented). The facility has a male offender population. These policies were confirmed by the Warden and the Correctional Officers interviewed.

All showers and commodes/urnials have protective walls or curtains that allow offenders a level of privacy. Opposite gender staff are required to announce their presence when entering the offender housing units. This policy was confirmed by interviews of offenders and CO staff.

Policies are in place to prevent staff (other than medical) to examine an offender solely for the purpose of

determining gender. The facility reported zero instances where these types of searches have occurred in the past 12 months.

The facility reported that 100% of the security staff has been trained in the correct procedure for these types of searches. This was verified by sampling of training plans, training files, and interviews of the CO staff. There were no transgender /intersex offenders to interview.

Policies and other evidence reviewed:

MTC 903E.02, pg 7.

WCCF 12.004, pg 3-5

Training documentation, rosters, Search logs.

WCCF interviews and memos.

-Interviews with Correctional Officers & Offenders confirm that the standard is met.

-WCCF Pre-audit questionnaire

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF policies require that all offenders with special needs have an equal opportunity to understand and receive the benefits of the facility efforts to prevent, detect, and respond to sexual abuse and harrassment. WCCF has developed a variety of ways to ensure offenders with disabilities or limited English are provided the opportunity to understand PREA. Orientation videos, pamphlets, booklets, offender handbooks, etc. are available in both English and Spanish.

A staff interpreter is available to provide any needed service. The facility also provides for the services of Jackson Lifesigns Interpreter Services for the Deaf and Hard of Hearing. PREA posters are in offender housing units and the information is available in the offender handbook.

WCCF does ensure that every offender has the ability to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This was confirmed verbally and by memo by the Warden. The auditor, based on observation of process and interviews of staff, believe that the requirements of the standard are being met at the facility.

The facility reported that there were zero cases where an inmate interpreter was used. Offender interpreters are prohibited in first responder situations or any investigations. The auditor requested that an interview be set up with any offender with a disability. The facility indicated that none were present at WCCF.

Policies and other evidence reviewed:

MTC 903E.02, pg 1 & 8.

WCCF 12-004, pg 9-10.

Posters, offender handbooks, certificates.

Interviews of Agency Head and random staff. There were no offenders with disabilities.

WCCF Pre-audit questionnaire

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF has an on-site HR position that manages the recruitment and hiring process. Both MTC and TDCJ policies require background checks to look at any issue of prior sexual misconduct. The background checks are requested by the Facility HR manager and completed by TDCJ. All contractors are screened by using the same process. The facility reported 56 (100%) new employees/applicants background checks were made and 3 (100%) contractor background checks were completed in the past 12 months. Documentation and files were reviewed by the auditor to confirm the process.

MTC policies also require a 5 year re-check of all employees and contractors. WTISF and the TDCJ does the check on a daily basis. The MTC policy does indicate that any employee/contractor misconduct or false reporting is subject to the possibility of termination of employment. The HR Manager also indicated that his office responds to any request for information from an institutional employer seeking information on a former employee.

Policies and other evidence reviewed:

- MTC 903E.02, pg 8, 7 & MTC 201.3, B,C & MTC SOP pg 1-4.

-TDCJ Background check form.

-WTISF Pre-audit questionnaire.

-West Texas ISF interviews with HR Manager and memos.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC policy requires that any modification or expansion of existing facilities will consider the modifications impact upon the facilities ability to protect the offenders from sexual abuse. The MTC Management indicated that areas such as blind spots, sight lines, and other spaces not under constant visual supervision would be reviewed for the addition of cameras.

The facility is owned by the Wilkinson County Industrial Development Authority and operated by MTC. The WCCF reported that the existing security cameras in the facility were upgraded in 2014 and the facility is in the process of installing heavy duty locking systems on all cell doors.

On the tour, the auditor observed many cameras throughout the facility. The functionality and clarity were considered very good.

Policies and other evidence reviewed:

WCCF Pre-audit questionnaire

MTC 903E.02, pg 8.

Facility memo and listing of camera locations.

Interviews of the Agency Head and Warden confirm that the standard is being met.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per MTC & MDOC policy, the WCCF Investigator, the local law enforcement, and the MDOC Criminal Investigation Division (CID) will conduct all criminal investigations. Any allegation involving sexual abuse or criminal activity requires that the WCCF Investigator be notified immediately to assume control of the investigation. The WCCF Investigator will conduct all administrative investigations and assist either the local law enforcement or the CID to conduct any criminal investigations. The WCCF Investigator indicated all reports will be promptly investigated. MTC & MDOC policy requires that all investigations follow the uniform evidence protocol.

To provide all victims of sexual abuse access to forensic medical examinations, the facility has an MOU with SAFE/SANE examiners using an outside health care provider(Field Memorial Community Hospital). Their ER nurses have been trained to perform the sexual assault forensic exam.

The facility reported that two SAFE/SANE exams were required and two medical exams were made in the past 12 months. WCCF policies indicate that SAFE/SANE examinations are provided at no cost to the offender.

Victim advocates to provide offender support services are also under contract (Mississippi Coalition against

Sexual Assault). The information on how to obtain this assistance is provided to the offender by the means of posters, training and the offender handbook. All offenders are issued handbooks and the posters are located in the housing locations.

Policies and other evidence reviewed:

MTC 903E.02, pg 9.

MDOC 20-14-0, pg 1, 9-10.

WCCF 12.004, pg 1, 16-18, 23-24.

Interviews of the random sample of staff & the PCM confirm standard is met.

WCCF Pre-audit questionnaire

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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During the past 12 month period, 12 allegations of offender sexual abuse/harassment were received. WCCF completed 12 Administrative Investigations and zero criminal investigations were required.

This information was verified in the interview with the facility Investigator who would assist the CID with any criminal investigation at WCCF.

Agency (MTC) policy regarding allegations of sexual abuse/harassment investigations is published on mtctrains.com.

Policies and other evidence reviewed:

MTC 903E.02, pg 9.

WCCF 12.004, pg 15.

MDOC 20-14-01, pg 1, 6-8, 11, 16-17.

Interviews of the Agency Head, the WCCF investigator, and the PREA Coordinator.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The staff training provided by WCCF is structured to meet the requirements of PREA, MTC & WCCF. All points mandated in the standard are met. All employees, contractors and volunteers, are trained to meet the PREA standards.

In the past 12 months, 234 (100%) staff were trained. The facility has a comprehensive training program for PREA and other correctional topics which includes pre-service, annual in-service training and is tailored to meet the offender gender needs of the facility. Refresher information is available in the employee handbook and in shift briefings.

The training documentation includes a signature roster that indicates staff presence when the training was presented. Attendance rosters and lesson plans were reviewed by the auditor. Testing is required to ensure the staff meet the requirements.

The interview process with the random staff and the Training Administrator documented that the employees understood the materials presented. The auditor was impressed with the staff responses in the interview process. They understand the PREA requirement very well.

Policies and other evidence reviewed:

MTC 903E.02, pg 10.

MTC 901D.02, pg 2-3.

WCCF 12.004, pg 18-19.

In-service PREA Training curriculum, attendance rosters with signatures.

WCCF Pre-audit questionnaire.

Interviews of a random sample of staff, Training Manager & review of training records.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with offenders at WCCF have been trained to understand the requirements of PREA and the zero tolerance policy. 100% of the 46 volunteers/contactors were trained about PREA and correctional requirements during the last 12 months. The training is based on the service level and offender contact they provide. This was verified by examination of training records and the signatures that documented that they understood the training presented.

Interviews with the Religious Volunteer verified that he understood the PREA requirements associated with being a volunteer.

Policies and other evidence reviewed:

MTC 903E.02, pg 10.

MTC 901D.02, pg 4.

Volunteer training documentation.

Volunteer sign-in roster & acknowledgement forms.

WCCF Pre-audit questionnaire.

Interview with the Volunteer.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

By policy of both MTC & WCCF, all offenders are provided information in the intake process about the zero-tolerance policy for sexual abuse or harassment. In the past 12 months (on their first day of arrival), 938 (100%) of the offenders received information on the principles of PREA. The offenders are provided this information verbally and provided with brochures and the offender handbook that contains the PREA information. The process was observed by the auditor.

In addition, within their first 30 days, all offenders receive comprehensive education on their rights to be free from any sexual abuse or harassment. The facility reported 938 (100%) received this education program. This was verified by examination of attendance records and in the interview process.

Provisions are made to assist offenders with disabilities such as limited English proficiency, deaf, visually impaired, otherwise disabled, and limited reading skills to ensure their understanding of PREA. Orientation videos, posters, offender handbooks, etc. are readily available to the population. The facility provides to the offender population, a staff interpreter, a telephonic interpreter service, and LanguageLine Solutions if needed. The facility maintains signature documentation that the offenders received the training. Sample documentation was reviewed by the auditor.

The offender interviews indicated that they understood their rights under PREA and the interview with the intake staff verified that the information is presented and available to all offenders.

Policies and other evidence reviewed:

MTC 903E.02, pg 10.

WCCF 12.004, pg 8-9.

Intake Orientation Checklist, Offender Handbooks, & orientation schedule.

WCCF Pre-audit questionnaire.

Posters, brochures, pamphlets, lesson plans.

The interviews with Intake staff & random sample of offenders.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per MTC & MDOC policy, the WCCF Investigator, the local sherriff, and the MDOC Criminal Investigation

Division (CID) will conduct all criminal investigations. In accordance with the WCCF policy, any allegation involving sexual abuse or criminal activity requires that the WCCF Investigator be notified immediately to assume control of the investigation. The WCCF Investigator will conduct all administrative investigations and assist either the local law enforcement or the CID to conduct any criminal investigations. The WCCF Investigator reported that all investigations will promptly be investigated and they use a uniform evidence protocol. In addition, MTC & MDOC policy requires that all investigations follow the uniform evidence protocol. No PREA criminal investigations were required or completed in the past 12 months.

The WCCF Investigator received a certificate indicating that he was PREA Investigation trained. The training included interviewing sexual abuse victims, use of Garrity and Miranda, & evidence collecting.

Policies and other evidence reviewed:

MTC 903E.02, pg 11.

WCCF 12.004, pg 10-11.

WCCF Pre-audit questionnaire.

Investigative staff PREA training certificate and lesson plan/documentation.

The interviews of WCCF investigator.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF policies require that all twenty-six of the Centrion medical and mental health staff are provided the same PREA training as all other facility staff.

Forensic examinations are not conducted by the medical staff. These exams, if needed, are provided by a certified local health care organization which is available 24/7. That organization is the Field Health Systems.

Policies and other evidence reviewed:

MTC 903E.02, pg 11.

WCCF 12.004, pg 20.

Warden memos, Training lesson plan, documentation, posters, etc.

WCCF Pre-audit questionnaire.

Interviews of Medical/Mental staff and review of training verification log.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The WCCF has a policy that requires all offenders to be screened for risk of sexual abuse victimization and sexual abusiveness towards other offenders. This screening is accomplished on the first day of arrival. The Pre-Audit questionnaire indicated that 938 offenders (100 %) were screened for the risk of sexual abuse victimization or sexual abuse towards other offenders.

The facility uses the MTC Screening for Risk of Victimization and Abusiveness document which appropriately meets the ten points required by the standard. The screening document asks questions to determine if any offender might have any prior history as a sexual abuser. A total of 20 questions are asked and the responses scored. Based on the score and responses, a decision is made to properly house the offender. Intake staff conduct the screening and the information is secured. The screening process and completed forms were reviewed by the auditor

The high risk and other offenders are reassessed for the risk of sexual victimization or being sexually abusive within 30 days. The facility reported 938 (100%) reassessments occurred in the past 12 months. A sample record of the reassessment process was reviewed.

WCCF policies prohibit discipline of any offender for refusing to answer questions in the screening process. The facility has applied appropriate controls on all information received to avoid the offender being exploited by staff or other offenders.

Policies and other evidence reviewed:

MTC 903E.02, pg 11-12.

WCCF 12.004, pg 4-5.

WCCF Pre-audit questionnaire.

MTC Screening for Risk of Victimization and Abusiveness Form

The interviews of risk screening staff, random offenders, PREA Coordinator, & PREA Compliance Manager.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The information obtained in the offender screening process is used to make individualized determination to ensure their safety and make appropriate housing, work, and program assignments. The placement decisions are made by a facility classification committee.

In making assignment decisions for transgender or intersex offenders, the decisions are made on a case-by-case basis. These decisions are required by policy to be reassessed twice each year to review any new information or threats. These offenders view of their safety must be given serious consideration. Any transgender or intersex offender is allowed to shower separately from other offenders. LBGTI offenders are not placed in dedicated units. The facility reported that no transgender or intersex inmate has been received by WCCF in the past 12 months. If received, all requirements of the standard would be met according to a Warden memo.

Policies and other evidence reviewed:

MTC 903E.02, pg 11-12.

MDOC “Keep Seperate” computer form.

MTC Offender Screening for Risk of Victimization and Abusiveness form.

WCCF Pre-audit questionnaire.

Warden memo.

Interviews of Risk Screening staff, PREA Coordinator, & PREA Compliance Manager.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MTC & WCCF policies govern the use of segregation housing. These policies include looking at all available alternatives for victims of sexual abuse.

The facility reported zero offenders were involuntary held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review every 30 days for any offender in segregation.

Policies and other evidence reviewed:

MTC 903E.02, pg 11-12.

WCCF 12.004, pg 7-8, 10.

WCCF Pre-audit questionnaire.

Interview of the Warden, Segregation offenders and Staff that supervise Segregation.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF has multiple ways that an offender can report sexual abuse and harassment, retaliation, or staff neglect. Offenders receive information at intake on how to report any issue. They can report an incident to any staff person, do so verbally, write a grievance or report, write letters, use the offender hotline, or notify a third person. Phones are available in all housing units and have a toll free hot line available for any PREA issue. Interviews with the offenders clearly demonstrate that they are knowledgeable about PREA and the various ways they can report any incident.

Staff are required to document any and all offender reports and are informed of this requirement by required training and employee handbooks.

No offenders are held for civil immigration purposes.

WCCF also provides to the staff a method to privately report sexual abuse/harassment of inmates. This can be done in writing, verbally, or by a grievance. The staff are provided this information in training, staff handbooks, etc.

The offender and staff interviews confirm that the process is well understood.

Policies and other evidence reviewed:

MTC 903E.02, pg 12-13.

WCCF 12.004, pg 9-10.

WCCF Pre-audit questionnaire.

Warden memo on reporting procedure and instructions to visitors about reporting procedures.

Sample response on the use of offender hot line.

Interviews of random offenders, random CO staff & PREA Comp Mgr.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC and MDOC have formalized offender grievance policies. The process allows the offender to file an formal written complaint/grievance or an Administrative Remedy about sexual abuse or any correctional issue. The complaint can be filed with any staff member and will be directed to the Warden for response. The offender handbook outlines the process required.

By policy, the offender is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint. WCCF will not refer the grievance to the staff member who is the subject of the complaint. There is no time limit of the filing of a sexual abuse or sexual harassment grievance.

MTC permits a third party to assist offenders to file any grievance. Emergency grievances are also permitted in reporting a grievance concerning sexual abuse/harassment. If received, the grievance is immediately addressed.

MTC policy requires that an initial response to an emergency grievance must be completed within 48 hours and a final decision must be made within 5 days.

Policy does limit any sanctions to an offender who filed the grievance in bad faith.

In the past 12 months, there were three grievances filed concerning sexual abuse or harassment and in all three cases, the final decision was reached within 90 days after being filed. All three were determined to be unfounded. There were no emergency grievances filed.

The process is well defined in the offender handbook and would be used by the offender if necessary.

Policies and other evidence reviewed:

MTC 903E.02, pg 12-13.

MDOC 20-14—01, pg 11-12.

WCCF Pre-audit questionnaire.

WCCF Offender handbook.

There were no offenders who reported a sexual abuse to interview.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF provides to the offender confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the offender handbook. The victim advocate service includes in-person support services to the victim through the forensic medical exam process as well as the investigatory interview process and at no charge to the offender.

WCCF also informs the offender of the extent that communications will be monitored.

The facility maintains MOU's with the Mississippi Coalition Against Sexual Assault to provide advocate services and informs the offender of limits to confidentiality. The agreement was provided in the Pre-Audit questionnaire.

Policies and other evidence reviewed:

MTC 903E.02, pg 14.

Advocate Services agreement.

WCCF Pre-audit questionnaire.

WCCF Offender handbook.

Random offender interview & there were no offenders who reported a sexual abuse to interview.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC grievance policy allows third parties to assist the offender in filing a PREA related grievance.

MTC has a website (mtctrains.com) that provides the opportunity for third party reporting of sexual violence. The website also provides the reporting policies regarding any sexual violence.

Policies and other evidence reviewed:

MTC 903E.02, pg 14.

WCCF Pre-audit questionnaire.

Warden memo to all visitors providing contact point for third party reports.

Interviews with Warden, random staff, medical/mental health staff, & PREA Coordinator.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC has policies that require all staff to immediately report any knowledge, suspicion, or any information received of an incident of sexual abuse/harassment. Policies also address the requirement of all staff to immediately report any retaliation against offender or staff who reported an incident of sexual abuse or harassment. Senior management staff has been assigned the task to monitor possible retaliation and the monitoring must be recorded. The policies also address the need for all staff to maintain confidentiality. The staff are required to maintain confidentiality of all reports except for those in the need to know.

Medical and mental staff report all sexual abuse allegations and they inform the offender of their duty to report.

No offender is under the age of 18 at WCCF. The facility reported that they had no reports of retaliation by either a staff member or an offender during the review period.

Policies and other evidence reviewed:

MTC 903E.02, pg 14-15.

PREA Training lesson plans.

WCCF Pre-audit questionnaire.

PREA First Responder Cards.

Interviews with Warden, random staff, medical/mental health staff, & PREA Coordinator.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC policies require all staff to immediately take steps to protect any offender who is the subject of imminent sexual abuse. These actions include separate the offenders, protect the scene of the incident, prevent victim and abuser from destroying any evidence, notify supervisor, refer offenders to medical, etc.

At WCCF, there has been zero incidents of this action where first responder actions were required required in the past 12 months. All staff were very familiar with the procedure and would take action if required.

Policies and other evidence reviewed:

MTC 903E.02, pg 14.

WCCF Pre-audit questionnaire.

Interviews with Agency Head designee, Warden & random staff.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC has policies that require notification of another facility when they learn of a offender that had been sexually abused at that other facility. This notification must be done within the 72 hour time frame. Documentation is required that the report will be investigated and properly acted upon. The PREA Manager is required to notify the MTC PREA Coordinator that the abuse information was received. Interviews with the Warden and Agency Head designee ensure that all allegations would be investigated in a prompt and professional manner.

In the past 12 months, the facility reported zero allegations of sexual abuse that an offender received at another facility and no documentation was available to review.

Policies and other evidence reviewed:

MTC 903E.02, pg 15.

WCCF Pre-audit questionnaire.

Interviews with Agency Head designee, Warden.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC policy addresses the 4 first-responder duties required in the PREA standard. This policies were verified by the responses from the staff being questioned in the interview process. All facility staff are provided training on the 4 staff responder actions required in a report of sexual abuse. This would include all security and non-security staff that might be a first responder. All security staff interviewed were well informed on the actions required in the event of a sexual abuse/harassment report from an offender.

Policies also address the actions required if the responder is not a security staff member. The non-security staff person would ensure that the alleged victim not take any action that might destroy physical evidence and then notify security staff. The CO staff interviewed carried their first responder cards which listed the steps to be taken in response to any sexual abuse or harassment incident.

In the past 12 months, WCCF reported twelve allegations that an offender was sexually abused. In nine of these cases, the first security staff responded to the report. In three of the cases, the timing allowed the staff to

attempt physical evidence collection. In all twelve cases, the first security staff preserved/protected the crime scene, requested victim and the abuser to not destroy any evidence and followed the proper PREA protocol. These twelve cases were all properly investigated and determined to unfounded.

Policies and other evidence reviewed:

MTC 903E.02, pg 15-16.

WTISF Pre-audit questionnaire.

Investigation reports.

Interviews with random CO staff.

Samples of the PREA First Responder cards.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The WCCF policy provides a facility institutional plan for a coordinated response to any incident of sexual abuse. This plan follows very closely the MTC requirement. The plan addresses the coordination of first responder staff, PREA Compliance Manager, emergency action center, medical and mental health staff, investigators, the victim advocate/offender victim representative (OVR), and the facility management staff. The plan meets the requirements of both MTC and PREA.

Policies and other evidence reviewed:

MTC 903E.02, pg 16.

WCCF 12.004 pg 13-15 & 20-32 (Response Plan).

WCCF Pre-audit questionnaire.

Interviews with Warden.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable.

The WCCF employees do not have union contracts nor participate in collective bargaining.

Policies and other evidence reviewed:

-Memo from Warden about no collective bargaining authority.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC and WCCF have policies that protect offenders and staff who report sexual abuse/harassment from retaliation.

The facility Investigator and the South Hall Unit Manager are designated to monitor any retaliation and all monitoring must be recorded. The policies require the facility to employ multiple protection measures such as transfers, housing changes, etc, to protect both the offender and staff from retaliation.

Any monitoring required will be conducted for a minimum of 90 days or longer if needed. The policies also require periodic status checks all designed to protect an individual from retaliation. The facility reported that zero incidents of retaliation had occurred in the past 12 months.

Policies and other evidence reviewed:

MTC 903E.02, pg 16.

WCCF 12.004 pg 4.

Investigation reports, memo.

WCCF Pre-audit questionnaire.

Interviews with Warden, MTC Assistant Director & Retaliation Monitor. There were no offenders who reported a retaliation..

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF follows policies that govern the use of involuntary segregation. The facility has a 21 bed segregation unit. The policy indicates that after an assessment determines no other alternative means for separation, the offender can be placed in administrative segregation for up to 30 days. Programs and privileges access must be continued.

Policies also dictate if an involuntary segregated assignment is made, the facility affords each offender a review every 30 days and the offender programs would be continued to the extent possible. This was verified in the interview process.

The facility reported that one offender reported sexual abuse and was held in involuntary segregation in the past 12 months

Policies and other evidence reviewed:

MTC 903E.02 pg 16.

WCCF 12.004, pg 8.

MDOC 19-01-01, pg 7-10, 19.

WCCF Pre-audit questionnaire.

Interviews with Warden, segregation offenders, and segregation staff.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per MTC & MDOC policy, the WCCF Investigator, the local law enforcement, and the MDOC Criminal Investigation Division (CID) will conduct all criminal investigations. Any allegation involving sexual abuse or criminal activity requires that the WCCF Investigator be notified immediately to assume control of the investigation. The WCCF Investigator will conduct all administrative investigations and assist either the local law enforcement or the CID to conduct any criminal investigations. The WCCF Investigator indicated all reports will be promptly investigated. MTC & MDOC policy requires that all investigations follow the uniform evidence protocol.

Two WCCF staff including the Investigator, have received “Investigating Sexual Abuse in a Confinement Setting” training.

In the interview, the WCCF Investigator was professional and very knowledgeable. He indicated the facility investigative process was very thorough by collecting all evidence including DNA, interviewing witnesses, perpetrators, victims, and review any prior reports of sexual abuse by the suspected perpetrator, etc. The Investigator indicated all key components of 115.71 would be addressed. The departure of the staff or offender abuser will not be a basis for the termination of any investigation.

For administrative investigations, the facility Investigator determines if staff actions or failures to act contributed to the abuse and to gather information needed to make reports such as physical and testimonial evidence. Reports are documented and cases are referred for prosecution if necessary. Polygraph tests for PREA cases are not authorized.

The facility reported zero cases of substantiated criminal investigations in the last 12 months. Written reports would be developed and retained on a permanent basis per policy.

Policies and other evidence reviewed:

MTC 903E.02, pg 16.

WCCF 12.004, pg 15-17.

MDOC 20-06-01, pg 1-4.

MDOC PO 16-14, pg 1-3.

WCCF Pre-audit questionnaire.

Training certificate, training materials, investigation reports.

Interviews the investigative staff, Warden, PREA Coordinator, & PCM.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MTC & WCCF policy indicated that no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or harassment are substantiated. Interviews with investigative staff confirm compliance with this standard.

Policies and other evidence reviewed:

MTC 903E.02, pg 16.

WCCF 12.004, pg 16.

WCCF Pre-audit questionnaire.

Interviews with investigative staff.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At WCCF, any offender who makes an allegation of sexual abuse or harassment will be informed verbally as to whether the outcome of the allegation was substantiated, unsubstantiated, or unfounded following the investigation. In the past 12 months, there were 12 investigations of offender sexual abuse completed. All were determined to be unfounded and the offenders were verbally notified of the results. These reports were reviewed by the auditor.

The Staff interviewed assured that any information on any investigation would be obtained and the policy would be followed. There were no complaints directed towards staff. Should there be a complaint against staff, the offender would be advised as to staff relocation, no longer employed, whether staff member has been indicted or convicted.

Policies and other evidence reviewed:

MTC 903E.02 pg 17.

WCCF 12.004, pg 27-29.

WCCF Pre-audit questionnaire.

Interviews with Warden & investigative staff. No offenders who reported a sexual abuse.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF has disciplinary sanctions for staff. The policy requires that the staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse, harassment, or sexual misconduct. Any violation considered criminal will be reported to law enforcement.

The facility reported zero cases of staff violating sexual abuse or harassment policies in the last 12 months and none were terminated or resigned for violating policies on sexual abuse/harassment. There was no disciplinary documentation to review.

Policies and other evidence reviewed:

MTC 903E.02 pg 17 & MTC 203.1 pg 1-3.

WCCF 12.004, pg 29-30.

WCCF Pre-audit questionnaire.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF has policies that require disciplinary sanctions for volunteers and contractors up to and including termination of the contract for violating sexual abuse/harassment policies. The facility reported zero cases of volunteers/contractors terminated for violating policies on sexual abuse/harassment.

Interview with the Warden confirm that the WCCF practice conforms to the standard. There was no disciplinary documentation to review.

Policies and other evidence reviewed:

MTC 903E.02 pg 17-18.

WCCF 12.004, pg 18.

WCCF Pre-audit questionnaire.

Interview with Warden.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF has policies that provide sanctions for offenders engaged in sexual abuse of another offender. These sanctions are applied only after a formal disciplinary process for any administrative or criminal finding of offender-on-offender sexual abuse. The facility reported zero cases of administrative or criminal findings of offender-on-offender sexual abuse in the past 12 months

Sanctions are proportionate with the type of abuse and similar to sanctions imposed on other offenders with similar histories. Consideration is given to the offender’s mental status in final determinations. Treatment is also offered to those found guilty.

WCCF has policies that do not permit consensual sex between offenders.

Policies state that offenders are disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Since there were no offenders disciplined for PREA related conduct, none were interviewed, and no documentation was reviewed.

Policies and other evidence reviewed:

MTC 903E.02 pg 18.

WCCF 12.004, pg 28-29.

MDOC Disciplinary Rule Violations and Sanctions document.

WCCF Pre-audit questionnaire.

Interviews with Warden and Medical/Mental Health.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC and WCCF policies require that all offenders (100%) who disclosed prior sexual victimization during initial screening be offered a follow-up meeting with medical or mental health. The meeting is required within 14 days of the initial screening.

The same policy also applies to offenders who perpetrated sexual abuse. Documentation is required to be maintained for all meetings. Information found in the follow-up meeting is strictly limited to medical, mental health, security, and management staff. In the interview of medical staff, they indicated that informed consent is always obtained, a follow-up meeting scheduled if needed, and any information received is limited to medical/mental health staff or to those within facility management on a need-to-know basis. MDOC policy requires that informed consent be required.

The facility reported that there were no screening reports from an offender who experienced prior sexual victimization in the past 12 months. Since there were no offenders who disclosed prior sexual victimization, none were interviewed, and no documentation was reviewed.

Policies and other evidence reviewed:

MTC 903E.02 pg 18-19.

MDOC 20-14-13,pg 32.

WCCF 12.004, pg 5-7.

WCCF Pre-audit questionnaire.

Interviews with Risk Screening & Medical/Mental Health staff.

Warden memo.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The WCCF medical program is staffed 24/7. Any offender who reports to be sexual abused has unimpeded access to medical treatment or the local hospital for emergency care. Security first responders are trained to protect any offender victim and make contact with medical.

The nature and scope of the treatment is determined by the Medical/Mental Health staff according to their professional judgement. The offender is offered timely information and access to emergency treatment for any sexually transmitted disease. All treatment services would be documented.

At WCCF, the community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, and at no cost to the offender.

Policies and other evidence reviewed:

MTC 903E.02 pg 18.

WCCF 12.004, pg 13-14, 21-22 & 26.

Offender handbook

WCCF Pre-audit questionnaire.

Interviews with Medical/Mental Health staff. There were no offenders who reported a sexual abuse.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to policy, the facility would provide ongoing medical and mental health treatment to all offenders who have been victimized. The policy requires offender victims to receive timely, unimpeded access to emergency medical treatment, crisis intervention services and ongoing treatment.

WCCF has had no victims of sexual abuse in the past 12 months. The auditor was not able to interview any offender victim or review any documentation of practice.

WCCF is an all male facility. The medical services are reported, by the Medical provider, to be consistent with the community standard for health care. The offenders are offered medically appropriate tests for sexually transmitted disease. All treatment services are at no cost to the offender.

Facility policy also requires that offender abusers be offered mental health evaluations and treatment within 60 days of learning of abuse history.

The Medical staff interviewed verified that these policies would be implemented if needed. There were no incidents and no documentation to review.

Policies and other evidence reviewed:

MTC 903E.02 pg 19.

WCCF 12.004, pg 6.

WCCF Pre-audit questionnaire.

Interview with Medical/Mental Health staff. There were no offenders who reported a sexual abuse.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility policies require that all incidents of sexual abuse and sexual harassment are thoroughly reviewed by the facility incident review team. This team includes the Major, Unit Manager, Programs Manager, and a

representative from medical.

The team is required to review and make recommendations for improvements within 30 days of the incident. The team's recommendation shall be implemented by the facility or state reasons for not doing.

The facility reported that twelve sexual abuse investigations were required in the past 12 months. All were determined to be unfounded by the investigation process and there were no incidents for the team to review or develop reports.

In the interview process, members of the facility review team staff indicated that any incident would be fully reviewed and acted upon according to policy.

Policies and other evidence reviewed:

MTC 903E.02 pg 19-20.

WCCF Pre-audit questionnaire.

Warden memo indicating that no incidents (all unfounded) have occurred in past 12 months.

Interviews with Warden, PREA Compliance Manager, & member of incident review team.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCCF collects and provides to MTC incident based sexual abuse data annually. MTC collects and compiles data from all of its facilities on an annual basis.

The facility indicated that their data complies with SSV reporting regarding content and has provided the data to DOJ.

MTC aggregate all incident based data to include reports, investigation files, and sexual abuse incident reviews. MTC reports all data annually to DOJ.

The MTC report for 2014 was reviewed. There were three WCCF PREA incidents for the reporting period. Two were unfounded and one was unsubstantiated at WCCF

Policies and other evidence reviewed:

MTC 903E.02 pg 20.

WCCF Pre-audit questionnaire.

MTC 2014 annual report for WCCF.

Interviews with Agency Head Designee, PREA Coordinator & PREA Compliance Manager,

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC requires the collection of sexual abuse data from all facilities and aggregates into a annual report. The 2014 MTC report is available on the web at www.mtctrains.com. The report is approved by the Senior Vice President of Corrections at Management and Training Corporation.

MTC compares the data for the current year with prior years and make assessments as to improvement. The process require identification of the problem, take corrective action, and preparing annual reports.

The 2014 MTC report for the WCCF was reviewed. There were three PREA incidents for the reporting period. Two were unfounded and one was unsubstantiated at WCCF

Policies and other evidence reviewed:

MTC 903E.02 pg 20-21.

WCCF Pre-audit questionnaire.

WCCF portion of the 2014 MTC Annual Report.

Interviews with Agency Head designee, PREA Coordinator, PREA Compliance Coordinator.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC requires all of their correctional facilities to securely retain incident-based data dealing with all PREA issues. The aggregated data is available to the public on mtctrains website. Policies require that any personal identifiers be redacted before publishing. MTC requires that all data be retained for at least 10 years.

Policies and other evidence reviewed:

MTC 903E.02 pg 21.

WCCF Pre-audit questionnaire.

MTC PREA Report for WTISF 2014.

Interviews with PREA Coordinator.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



20 May, 2016

Auditor Signature

Date