

PREA Facility Audit Report: Final

Name of Facility: Marion County Regional Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/06/2025

Date Final Report Submitted: 05/08/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 05/08/2026

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	10/07/2025
End Date of On-Site Audit:	10/08/2025

FACILITY INFORMATION	
Facility name:	Marion County Regional Correctional Facility
Facility physical address:	503 South Main Street, Columbia, Mississippi - 39429
Facility mailing address:	

Primary Contact

Name:	Capt. Chris J. Cochran
Email Address:	ccochran@mwcf.us
Telephone Number:	601 736 3621 ext.206

Warden/Jail Administrator/Sheriff/Director	
Name:	Derek Mingo
Email Address:	majormingo@bellsouth.net
Telephone Number:	(601)736-3621 ext.20

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Laura Stogner
Email Address:	mwnurse@bellsouth.net
Telephone Number:	(601)736-3621 ext.20

Facility Characteristics	
Designed facility capacity:	402
Current population of facility:	400
Average daily population for the past 12 months:	397
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	19-70
Facility security levels/inmate custody levels:	min-med
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	63
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	16

AGENCY INFORMATION

Name of agency:	Marion County Sheriff's Office
Governing authority or parent agency (if applicable):	MDOC
Physical Address:	219 Broad Street, Columbia, Mississippi - 39429
Mailing Address:	PO# 528, Columbia, Mississippi - 39429
Telephone number:	6017363621

Agency Chief Executive Officer Information:

Name:	Warden Derek Mingo
Email Address:	majormingo@bellsouth.net
Telephone Number:	6017363621

Agency-Wide PREA Coordinator Information

Name:	Chris Cochran	Email Address:	ccochran@mwcf.us
--------------	---------------	-----------------------	------------------

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-10-07
2. End date of the onsite portion of the audit:	2025-10-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI and MSCASA

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	402
15. Average daily population for the past 12 months:	397
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	397
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>63</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>9</p>

<p>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>22</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees (random and targeted). The following offenders were selected from the housing units: three from A, five from B, five from C, six from D, two from E, two from F and three from G.</p>

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>All 26 of the offenders (targeted and random) were male. Eleven of the offenders interviewed were black, eleven were white and four were another race/ethnicity. With regard to age, four were between eighteen and 25, four were 26-35, eight were 36-45, seven were 46-55 and three were 56 or older. Fifteen of the offenders interviewed were at the facility less than a year, six were there a year to five years, three were there six to ten years and two were there eleven to fifteen years.</p>
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p style="text-align: center;">4</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	<p style="text-align: center;">0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk screening documents and spoke to offenders and staff.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk screening documents and spoke to offenders and staff.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk screening documents and spoke to offenders and staff.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk screening documents and spoke to offenders and staff.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk screening documents and spoke to offenders and staff.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk screening documents and spoke to offenders and staff.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk screening documents and spoke to offenders and staff.</p>

<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk screening documents and spoke to offenders and staff.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race and gender</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Security staff mainly make up two shifts, day shift works from 6am-6pm while night shift works from 6pm-6am. Six staff were interviewed from day shift and six staff were interviewed from night shift. With regard to the demographics of the random staff interviewed, five were male and seven were female. Five of the staff interviewed were black and seven were white. Nine staff interviewed were Correctional Officers, two were Sergeants, and one was a Lieutenant.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>22</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
---	-------------------

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

75. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site portion of the audit was conducted on October 7-8, 2025. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected offenders and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on October 7, 2025. The tour included all areas associated with the facilities to include: housing units, laundry, multipurpose, education, vocation, maintenance, food service, health services, recreation, property, commissary, front entrance and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for offenders in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility via the Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster) and the No Means No Poster. The MSCASA Poster and MDOC Poster were in English and Spanish and were oversized (24x36). The No Means No Poster was in English and Spanish on letter size paper. The auditor also reviewed the kiosk and observed that it included the PREA Statement, PREA Acknowledgment, the Handbook and the PREA What You Need to Know video. Documents were in English. It should be noted that information on all posters and documents was inaccurate and required updates.

The auditor observed the PREA Poster and MDOC Poster in visitation and the front entrance. Neither of these posters have third party reporting information for the agency, but rather have information for offenders to report, including to the external reporting entity, which is not third party reporting for the agency.

During the tour the auditor confirmed the facility follows a staffing plan. There were at least two security staff per housing building, with most having additional security staff. Program, work and education areas included a roving security staff member and some areas included non-security staff. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed that lines of sight were adequate based on staffing and video monitoring technology. The auditor observed a few areas that appeared to be constricted. There were no apparent blind spots, but there were areas the auditor identified that would benefit from additional video monitoring technology and/or mirrors.

During the tour the auditor observed a plethora of cameras in housings units, common areas, program areas and work areas. Cameras are monitored by the staff in each control pod. Cameras can also be remotely monitored by administrative level staff. Video monitoring is utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas.

During the tour the auditor observed that privacy was provided through walls, raised half walls, shower curtains and saloon style doors. A review of strip search areas noted privacy was provided via cell doors. A review of video monitoring technology confirmed there were no cross gender viewing issues. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement verbally upon entry into each housing unit. The announcement was loud and appeared to be audible for the offenders in the unit.

Medical and mental health records are electronic. Records are maintained in a separate medical database that is only accessible to healthcare staff. Risk screening

information is completed on paper, is scanned into the electronic system and is then destroyed. Records in the electronic system are accessible to the PC, case managers and the Chief. The Chief has to grant access in order for staff to have access to the electronic files. Investigative files are paper. Paper files are maintained by investigators and/or the PC in a locked office.

During the tour the auditor observed that offenders are able to place outgoing mail in any of the locked boxes in the housing units. None of the boxes were specific to sexual abuse or sexual harassment allegations or information. The mailroom staff advised that they do not accept personal mail at the facility. All personal mail is sent to a processing center in Florida. The mail is then scanned and sent electronically. Staff review the electronic mail prior to it being released to the offender on the tablet/kiosk. Legal mail does come to the facility and it is not opened. Mailroom staff log the legal mail and it is provided to a staff member who has the offender open the mail in front of them. The legal mail is then copied and the offender gets the copy. The original is held for retention and then shredded. Legal mail is not reviewed by staff. All outgoing mail is sent out of the facility without being reviewed, unless there is a reason identified for review (i.e. security threat). The mailroom staff advised that mail to/from the Mississippi Coalition Against Sexual Assault (MSCASA) would be privileged (legal).

The auditor observed the intake and comprehensive education process through a demonstration. All offenders receive comprehensive education within 24 hours of arrival. Offenders receive orientation one-on-one with a case manager. Offenders are provided an orientation packet, which includes the PREA form, the PREA Agreement, the Treatment Options form, and the PREA 2003 form. Staff verbally explain what PREA

stands for, that they have a zero tolerance policy, what PREA is, and their rights under PREA. Staff go over the three forms, one-by-one and have the offender read the forms. Staff advise offenders there are posters around the facility that include information. Staff also advise them of the phone number to report as well as the option to submit a form on the kiosk. Offenders sign each form to acknowledge receipt and understanding.

The auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed by the PC in a private office setting. The PC goes through the PREA Assessment Screening form and verbally asks the offenders each question. Questions include: weight, height, age, gender identity, sexual preference, number of incarcerations, violent criminal history, prior sexual victimization, prior sexual abusiveness, and if they feel at risk of being victimized. All information is self-disclosure. The facility does not conduct risk reassessments and as such the auditor was unable to observe the process.

The auditor tested the internal reporting mechanism during the tour. The auditor submitted a written request on the kiosk. The auditor had an offender assist with completing the PREA request on the kiosk. The offender logged in and went to the request section. The offender selected PREA from the request options. The auditor submitted the request on October 7, 2025. Confirmation was provided on the same date that the request was received. The auditor observed that the request was sent to medical, the PC and the Chief. Immediately following the test submission, medical staff contacted the PC and Chief to ensure it was a test and that they did not need to provide services to the offender. It should be noted the auditor observed that offenders can submit a PREA request and a PREA grievance through the kiosk. Both areas on the kiosk

provide the option to submit information related to PREA.

The auditor also tested the external reporting mechanism by calling the 6500 speed dial. The auditor had an offender assist with calling the number. The offender was not required to enter a pin or any other identifying information. The auditor reached a staff member with MSCASA. The staff advised if the staff who handles PREA was working she would speak to the offender and take the report. The staff advised that the individual who handles PREA for the organization was not currently available so they would take the report from the offender over the phone. The information would be forwarded to the PREA staff for MSCASA. The staff confirmed information would remain confidential from there and that offender can remain anonymous. The auditor confirmed with the PREA staff for MSCASA that she would receive the information and forward it back to the facility for them to investigate.

Additionally during the tour, the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they complete a handwritten report via an incident report. The incident report would be submitted to the supervisor.

The auditor was unable to test the third party reporting mechanism as the agency does not currently have a method for third party reporting.

The auditor tested access to emotional support services. The auditor had an offender assist with calling the 6500 speed dial. The offender dialed 1 for English and the 6500 speed dial. The offender was not required to enter a pin number. The auditor reached MSCASA staff that advised that if an offender wanted emotional support services they would complete a services form and forward

the information to their PREA staff at MSCASA. The PREA staff would then set up the emotional support services.

The auditor did not require use of accommodations for LEP and disabled residents. The facility indicated they would utilize google translate or any of the translation apps available on a cell phone. The auditor requested the contact information for the individual that is contracted to provide Spanish translation. At the issuance of the interim report the information had not been received and the auditor was unable to test the process for utilizing the translator.

Documentation Sampling

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

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

Yes

No

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

During the audit the auditor requested personnel and training files of staff, offender files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed 24 personnel and/or training files that included three staff hired within the previous twelve months, three staff employed longer than five years, and one contractor employed longer than five years. The sample included five total contractors (three documents were not provided at the issuance of the interim report), three volunteers and two medical and mental health care staff.

Offender Files. A total of 22 offender files were reviewed. Nineteen offender files were of those that arrived within the previous twelve months, one was an LEP offender and one was a disabled offender.

Medical and Mental Health Records. There were zero allegations of sexual abuse or sexual harassment during the audit period and the facility indicated they had zero offenders report sexual victimization during the risk screening. The auditor reviewed documentation illustrating how medical and mental health services would be documented.

Grievances. The auditor reviewed the grievance log.

Incident Reports. There were zero allegations of sexual abuse or sexual harassment reported during the audit period. The auditor reviewed the incident report log and how verbal reports would be documented.

Investigation Files. There were zero allegations of sexual abuse or sexual harassment reported during the previous three years and as such no investigations

were reviewed.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were zero allegations reported during the previous three years.

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were zero allegations reported during the previous three years.</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003 3. Marion County Regional Correctional Facility Policy 3.03 – Personnel 4. Marion County Regional Correctional Facility Policy 8.08 – Security and Control – Control of Contraband 5. Marion County Regional Correctional Facility Policy 08.24 – Sexual Assault 6. Marion County Regional Correctional Facility Policy 12-06 – Grievance Procedures 7. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003

8. Agency Organizational Chart

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of offenders. The agency policy, 12.04.01 outlines the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. Page 1 states it is the policy of the Marion County Regional Correctional Facility (MCRCF) to maintain a safe and secure environment for all offenders and to maintain zero tolerance for prison rape and other forms of sexual assault. The facility houses the Mississippi Department of Corrections (MDOC) offenders and as part of the contract, the facility is required to adopt and follow all MDOC policies and procedures. 20-14-01 outlines the MDOC's approach to preventing, detecting and responding to sexual abuse and sexual harassment. Page 1 outlines the DOCs zero tolerance policy, which notes that the zero tolerance policy applies to all facilities that contract for the confinement of MDOC offenders. Pages 1-2 provide the definitions of prohibited behaviors and pages 28-31 outline sanctions for those who have participated in prohibited behaviors. The policies address "preventing" sexual abuse and sexual harassment through training (staff, volunteers and contractors), intake/risk screening, and offender education. The policies address "detecting" sexual abuse and sexual harassment through training (staff) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, medical and mental health services, and discipline. The policies are consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The PAQ advised the position of PREA Coordinator within the agency is Captain. A review of the

organizational chart reflects that the PC position is an upper-level, agency-wide position. The PREA Coordinator is a Captain who reports to the Deputy Warden. The interview with the PC indicated that he has sufficient time and authority to coordinate the agency's efforts to comply with the PREA standards. He stated he does not have any PREA Compliance Managers that report to him as they are a stand-alone facility. He advised he coordinates the facility's efforts to comply with PREA through staffing, cameras, monthly meetings and reviewing reports. The PC stated if he identifies an issue complying with a standard they would have a meeting related to the issue and the Warden would designate appropriate staff to alleviate the problem. He noted they would have follow-up meetings to review progression.

115.11 (c): The PAQ indicated that this provision does not apply. The agency is a stand-alone facility (jail).

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003, Marion County Regional Correctional Facility Policy 3.03 - Personnel, Marion County Regional Correctional Facility Policy 8.08 - Security and Control - Control of Contraband, Marion County Regional Correctional Facility Policy 08.24 - Sexual Assault, Marion County Regional Correctional Facility Policy 12-06 - Grievance Procedures, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, the organizational chart, and information from the interview with the PC, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility modify current policy to include additional policy and procedure related to preventing, detection and responding to sexual abuse, as outlined across the 43 standards. The current agency policy is short and does not provide much detail on the strategy.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

	<p>Findings (By Provision):</p> <p>115.12 (a): The PAQ indicated that the agency has entered into or renewed one contract for the confinement of offenders since the last PREA audit and the contract require the contractor to adopt and comply with PREA standards. Further communication with the PC indicated that the agency contracts with the Mississippi Department of Corrections (MDOC) to house MDOC offenders. The agency does not contract for the confinement of its offender and as such this standard is not applicable.</p> <p>115.12 (b): The PAQ indicated all above contracts require the agency to monitor the contractor’s compliance with PREA standards and that zero contracts did not require the agency to monitor the contractor’s compliance with PREA standards. Further communication with the PC indicated that the agency contracts with the Mississippi Department of Corrections to house MDOC offenders. The agency does not contract for the confinement of its offender and as such this standard is not applicable.</p> <p>Based on the review of the PAQ and information from the PC, this standard appears to be not applicable and as such compliant.</p>
--	---

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003 3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 4. Staffing Plan 5. Annual Staffing Plan Reviews 6. Camera Layout

Interviews:

1. Interview with the Warden
2. Interview with the PREA Coordinator
3. Interviews with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against abuse. The PAQ indicated that the staffing plan is based on 400 offenders and the average daily population over the previous twelve months has been 394. 20-14-10, page 4 states the agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); The composition of the offender population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors. A review of the staffing plan indicates that staffing is based on capacity, facility layout, composition of the offender population as well as security needs. The staffing plan includes narrative on staffing, supervisory personnel, video monitoring technology, deterrence, and applicable laws, regulations and findings. The staffing plan also notes that the facility conducts an annual review related to the elements under this provision. The facility employs 63 staff. Security staff make up two shifts, day shift which is from 6am-6pm and night shift which is from 6pm-6am. Additional non-security staff and

administrative staff are at the facility during various administrative hours. During the tour the auditor confirmed the facility follows a staffing plan. There were at least two security staff per housing building, with most having additional security staff. Program, work and education areas included a roving security staff member and some areas included non-security staff. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed that lines of sight were adequate based on staffing and video monitoring technology. The auditor observed a few areas that appeared to be constricted. There were no apparent blind spots, but there were areas the auditor identified that would benefit from additional video monitoring technology and/or mirrors. During the tour the auditor observed a plethora of cameras in housing units, common areas, program areas and work areas. Cameras are monitored by the staff in each control pod. Cameras can also be remotely monitored by administrative level staff. Video monitoring is utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect offenders from sexual abuse. He stated they ensure they have enough staff to monitor offenders and conduct appropriate security checks/rounds. The Warden advised video monitoring is part of the plan, but it does not replace staff, it is in addition to staff. He further confirmed the staffing plan is documented. The Warden confirmed all elements under this provision are considered in the staffing plan. He stated they start with the physical plant to determine the number of staff needed and that MDOC also advises them on staffing. He noted they take into account policies/rules for the Health Department, American Correctional Association, Fire Marshall, etc. The Warden stated the Chief of Security would review all areas to determine if coverage is adequate and where cameras are needed. The Warden further indicated that they check for compliance with the staffing plan through the post assignment log. He stated the supervisor or Sergeant would review and assign staff to posts and review the log.

115.13 (b): The PAQ indicated that this provision does not apply as they do not deviate from the staffing plan. Further communication with the PC noted that they do not deviate from the minimum staffing plan and they utilize mandatory overtime and administrative level staff to fill appropriate posts. 20-14-10, page 4 states in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The interview with the Warden advised that they always fill the minimum posts. He stated they would have people come in for overtime to fill the posts, even if he personally had to come in to fill a post.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. 20-14-10, page 4 states whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by §115.11, the agency shall assess, determine, and document whether

adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section; The facility's deployment of video monitoring systems and other monitoring technologies; and The resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed on September 10, 2024. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review includes an introduction, staffing levels, supervisory staff, video monitoring technology, deterrence, and applicable laws, regulations and findings. The staffing plan review confirmed the elements under provision (a) were considered during the review. The staffing plan was previously reviewed on February 1, 2023. The PC confirmed that he is consulted regarding the facility's staffing plan. He stated they review the staffing plan biannually. He advised there is not a set meeting for it but it gets discussed during different meetings.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ advised that the facility does not document the unannounced rounds, but the rounds cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 20-14-01, page 4 states each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Interviews with intermediate-level or higher-level staff confirmed that they make unannounced rounds and the rounds are documented in Jail Tracker by the tower staff. Staff stated they try to ensure staff don't notify one another of the rounds by going at random times and not going the same time/location. Staff stated they switch up their rounds. The auditor requested documentation of unannounced rounds for six randomly selected weeks. At the issuance of the interim report the documentation had not yet been provided.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, Staffing Plan, Annual Staffing Plan Reviews, Camera Layout, observations made during the tour and interviews with the PC, Warden and intermediate-level or higher-level staff, this standard appears to require corrective action. The auditor requested documentation of unannounced rounds for six randomly selected weeks. At the issuance of the interim report the documentation had not yet been provided.

	<p>Corrective Action</p> <p>The facility will need to provide the originally requested unannounced rounds. If not available, further corrective action will be required.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Unannounced Rounds <p>The facility did not provide the originally requested documentation. As such corrective action was required. The facility provided six weeks of unannounced rounds. The documentation illustrated that rounds are completed at least weekly by intermediate level or higher level staff across both shifts.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Population Age Report

	<p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated that no youthful offenders are housed at the facility and as such this standard is not applicable. A review of the population age report confirmed the facility does not house anyone under eighteen.</p> <p>115.14 (b): The PAQ indicated that no youthful offenders are housed at the facility and as such this standard is not applicable.</p> <p>115.14 (c): The PAQ indicated that no youthful offenders are housed at the facility and as such this standard is not applicable.</p> <p>Based on a review of the PAQ and the population age report, this standard appears to be not applicable and as such compliant.</p>
--	---

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003 3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 4. Marion County Regional Correctional Facility Policy 8.08 - Security and Control - Control of Contraband 5. PREA Resource Center (PRC) Guidance on Cross Gender Pat Down Searches and Searches of Transgender and Intersex Offenders Training Video 6. Staff Training Records <p>Interviews:</p>

1. Interviews with Random Staff
2. Interviews with Random Offenders

Site Review Observations:

1. Observations of Privacy Barriers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ was blank but further communication with the PC indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of offenders. The PAQ stated zero searches of this kind were conducted at the facility over the past twelve months. 8.08, page 2 states except in emergency situations visual inspections of offender body cavities are conducted by officers of the same sex, in private. Page 3 also states that body cavity searches are conducted by the appropriate health authority off site after approval of the warden or designee. 20-14-01, page 5 states the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

115.15 (b): The PAQ indicated the facility does not house female offenders. 20-14-01, page 5 states the facility shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The facility noted that transgender and intersex offenders are searched based on their preference. There were zero cisgender female offenders and zero transgender female offenders at the facility and as such no interviews were conducted.

115.15 (c): The PAQ was blank but further communication with the PC indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented. The PAQ advised the facility does not house female offenders. 20-14-01, page 5 states the facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female offenders.

115.15 (d): The PAQ was blank but further communication with the PC indicated that the facility has implemented policies and procedures that enable offenders to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PC stated that policies and procedures require staff of the opposite gender to announce their presence when entering an offender housing unit. 20-14-01, page 5 states the facility shall implement policies and procedures that enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an offender housing unit. During the tour the auditor observed that privacy was provided through walls, raised half walls, shower curtains and saloon style doors. A review of strip search areas noted privacy was provided via cell doors. A review of video monitoring technology confirmed there were no cross gender viewing issues. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement verbally upon entry into each housing unit. The announcement was loud and appeared to be audible for the offenders in the unit. All twelve random staff interviewed stated that offenders have privacy when showering, using the restroom and changing clothes. 25 of the 26 offenders interviewed indicated they have privacy when showering, using the restroom, and changing their clothes. All 26 offenders stated that staff of the opposite gender announce when they enter housing units. All twelve staff stated that opposite gender staff announce their presence when entering housing units.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex offenders for the sole purpose of determining the offender's genital status and no searches of this nature occurred in the past twelve months. 20-14-01, pages 5-6 state the facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with twelve staff indicated all twelve were aware of an agency policy that prohibits strip searching a transgender or intersex offenders for the sole purpose of determining the offenders' genital status. There were zero transgender or intersex offenders at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.15 (f): 20-14-01, page 6 states the agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner

possible, consistent with security needs. The PAQ indicated that 100% of staff have received this training. The agency was conducting training on searches, however it was a generic training related to proper procedure for conducting searches. Interviews with twelve staff indicated all twelve had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex offenders. The auditor requested documentation for sixteen staff, however the facility noted they were not conducting this training and they did not have records. As such, the facility implemented immediate corrective action through use of the PREA Resource Center's Guidance on Cross Gender Pat Down Searches and Searches of Transgender and Intersex Offenders video. The video includes instruction on how to conduct professional and respectful searches as required under this provision. The facility advised they will complete this training annually with the staff training under PREA Standard 115.31.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Marion County Regional Correctional Facility Policy 8.08 – Security and Control – Control of Contraband, PREA Resource Center (PRC) Guidance on Cross Gender Pat Down Searches and Searches of Transgender and Intersex Offenders Training Video, Staff Training Records, observations made during the tour and information from interviews with random staff, random offenders, this standard appears to require corrective action. The agency was conducting training on searches, however it was a generic training related to proper procedure for conducting searches.

Corrective Action

The facility will need to complete training with all current staff via the newly implemented PRC video. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Department of Justice (DOJ) Memorandum Dated December 2, 2025

	<p>Pursuant to the direction provided in the DOJ memo instructing auditors to pause from making compliance determinations for PREA standard 115.15 provisions (e) and (f), corrective action was no longer required. Per the DOJ memo, all corrective action related to these provisions is not applicable.</p> <p>Based on the documentation provided this standard appears to be compliant.</p>
--	---

115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003 3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 4. Memorandum Related to Disabled Offenders 5. Translator Services Contract 6. ESL Notification 7. Inmate Handbook 8. Prison Sexual Assault Poster (MSCASA Poster) 9. MDOC PREA Tips Line Poster (MDOC Poster) 10. No Means No Poster 11. PREA Intake Agreement (PREA Form, PREA Agreement, Treatment Options Form, PREA 2003 Form) 12. PREA Statement 13. PREA Intake Handout

14. Comprehensive PREA Education

Interviews:

1. Interview with the Agency Head Designee
2. Interviews with LEP and Disabilities Offenders
3. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled offenders equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Further communication with the PC and the memo noted that the facility would not house hearing, vision or cognitively disabled offenders as their contract with MDOC does not allow this placement. 20-14-01, page 6 states the agency shall take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. The memo related to disabled offenders notes that offenders with disabilities are not classified by MDOC to be housed at the facility. A review of MSCASA Poster and MDOC Poster note they are available in large print with bright colors. The Agency Head Designee indicated they have established policies and procedures to provide disabled

and LEP offenders with equal access to the sexual abuse prevention, detection and response policies and procedures. He stated they are working on a new system to use that allows them to translate multiple languages. He noted they have a contract with a Spanish translator and all their documents are in English and Spanish. The auditor observed PREA information posted throughout the facility via the Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster) and No Means No Poster. The MSCASA Poster and MDOC Poster were in English and Spanish and were oversized (24x36). The No Means No Poster was in English and Spanish on letter size paper. The auditor also reviewed the kiosk and observed that it included the PREA Statement, PREA Acknowledgment, the Handbook and the PREA What You Need to Know video. Documents were in English. It should be noted that information on all posters and documents was inaccurate and required updates. Interviews with one disabled offender and one LEP offender indicated both were provided information in a format that they could understand.

115.16 (b): The PAQ indicates that the agency has established procedures to provide offenders with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 20-14-01, pages 6-7 state the agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who are limited English proficient, including. steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The facility has a contract with an individual to provide Spanish translation. The contract notes the translator has open availability to provide services. A review of the MSCASA Poster, MDOC Poster, No Means No Poster, Handbook and Intake Handout confirm they are available in English and Spanish. The auditor observed PREA information posted throughout the facility via the Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster) and No Means No Poster. The MSCASA Poster and MDOC Poster were in English and Spanish and were oversized (24x36). The No Means No Poster was in English and Spanish on letter size paper. The auditor also reviewed the kiosk and observed that it included the PREA Statement, PREA Acknowledgment, the Handbook and the PREA What You Need to Know video. Documents were in English. It should be noted that information on all posters and documents was inaccurate and required updates. The auditor did not require use of accommodations for LEP and disabled residents. The facility indicated they would utilize google translate or any of the translation apps available on a cell phone. The auditor requested the contact information for the individual that is contracted to provide Spanish translation. At the issuance of the interim report the information had not been received and the auditor was unable to test the process for utilizing the translator. Interviews with one disabled offender and one LEP offender indicated both were provided information in a format that they could understand. After the on-site portion of the audit the facility provided an updated ESL Notification form. The form is provided to LEP offenders and includes the following language in English, Spanish and Vietnamese: "Interpreters for

offenders who do not speak English are provided on each shift. If we do not have a staff translator/interpreter for a particular language we will attempt to obtain a translator through a contractor, web-based application or over the phone translation service. If none of these are adequate for translation/interpretation, we will call MDOC to put us in touch with one.” The form has a box where the offender checks if they want an interpreter or not. Additionally, the facility updated the Handbook and PREA Posters and implemented new forms including, the Orientation Checklist, PREA Agreement, PREA Intake Handout and the Comprehensive PREA Education. The facility provided the PREA Intake Handout in Spanish, but the other forms were only provided in English. Photos were provided confirming the updated PREA Posters were displayed around the facility and added to the tablet/kiosk system.

115.16 (c): The PAQ indicated that agency policy prohibits use of offender interpreters, offender readers, or other type of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first responder duties, or the investigation of the offender’s allegation. The PAQ further stated the agency/facility documents the limited circumstances and that there were zero instances where an offender was utilized to interpret, read or provide other types of assistance. 20-14-01, page 7 states the agency shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under § 115.64, or the investigation of the offender's allegations. Interviews with twelve staff indicated nine were aware of a policy that prohibits utilizing offenders interpreters, readers or other types of offenders assistants for sexual abuse allegations. Interviews with one disabled offender and one LEP offender indicated both were provided information in a format that they could understand. Neither advised they had another offender provide assistance.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Memorandum Related to Disabled Offenders, Translator Services Contract, Inmate Handbook, Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster, No Means No Poster, PREA Intake Agreement, PREA Statement, observations made during the tour as well as interviews with the Agency Head Designee, random staff, and LEP and disabled offenders, this standard appears to require corrective action. The auditor requested the contact information for the individual that is contracted to provide Spanish translation. At the issuance of the interim report the information had not been received and the auditor was unable to test the process for utilizing the translator. The facility updated the Handbook and implemented new forms including, the Orientation Checklist, PREA Agreement, PREA Intake Handout and the Comprehensive PREA Education. The facility provided the PREA Intake Handout in

Spanish, but the other forms were only provided in English.

Recommendation

The auditor highly recommends the facility partner with a language translation services for over the phone translation and web-based translation for American Sign Language.

Corrective Action

The facility will need to ensure all newly created and updated documents are in, at minimum, Spanish. Copies of the documents will need to be provided. The facility will need to provide confirmation that the documents were added to the kiosk/tablet system as well. Further, the facility will need to provide the contact information for the translator in order for the auditor to confirm services.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Inmate Handbook
2. Prison Sexual Assault Poster (MSCASA Poster)
3. MDOC PREA Tips Line Poster (MDOC Poster)
4. No Means No Poster
5. PREA Statement
6. PREA Agreement
7. Comprehensive PREA Education
8. Language Line Solutions Information

	<p>The facility updated all posted/distributed documentation and ensuring the documents were translated in Spanish. A copy of each document in Spanish was provided. Additionally, photos were provided illustrating the PREA Statement/Agreement and Inmate Handbook were added to the tablet system in English and Spanish. Further photos were provided confirming the MSCASA Poster, MDOC Poster and No Means No Poster were displayed in English and Spanish around the facility.</p> <p>The facility provided documentation confirming they partnered with Language Line Solutions to provide over the phone translation services when needed. The auditor tested the call in number and pin and confirmed the services were set up and were available for use.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 3.03 - Personnel 3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 4. Employment Application 5. Prior Institutional Employment Inquiry Memorandum <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ was blank but further communication with the PC indicated that agency policy prohibits hiring or promoting anyone who may come in contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 3.03, page 1 states this agency shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. 20-14-01, page 7 states the agency shall not hire or promote anyone who may come in contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders who: has engaged in sexual abuse in prison, jail, lockup or any other institution; has been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. The auditor requested documentation for staff and contractors hired in the previous twelve months, however at the issuance of the interim report the documentation had not been provided.

115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an offender. 3.03, page 1 states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. 20-14-01, page 7 states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The interview with the Human Resource staff indicated that sexual harassment is considered when determining whether to hire or promote any staff or enlist the services of any contractor.

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with offenders, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated

allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 3.03, page 1 states before hiring new employees, who may have contact with offenders, this agency shall: Perform a criminal background records check; and Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 20-14-01, pages 7-8 state before hiring new employees who may have contact with offenders, the agency shall: perform a criminal background records check; and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The PAQ was blank but further communication with the PC indicated there were 22 people hired in the previous twelve months that may have contact with offenders that had a criminal background records check completed. A review of documentation noted the facility utilizes a memo to request information from prior institutional employers. The memo includes three questions for the employer, including if the applicant was ever the subject of a substantiated allegation of sexual abuse or sexual harassment, if the applicant was ever under investigation for an allegation of sexual abuse or sexual harassment that was not substantiated and if the applicant resigned or terminated employment pending an investigation of an allegation of sexual abuse or harassment. The interview with Human Resource staff confirmed that a criminal background records check is completed prior to hiring any new employees who may have contact with offenders. Additionally, the staff confirmed that the agency makes its best effort to contact all prior institutional employers. The Human Resource staff advised that all staff complete fingerprints which are send through the National Crime Information Center (NCIC) for national and state criminal histories. The auditor requested documentation for staff hired in the previous twelve months, however at the issuance of the interim report the documentation had not been provided.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with offenders. The PAQ indicated that there have been three contracts at the facility within the past twelve months where criminal background record checks were conducted on all staff covered under the contract. 3.03, page 1 states the agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders. 20-14-01, page 8 states the agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders. The Human Resource staff confirmed that a criminal background records check is completed prior to enlisting the services of any contractor who may have contact with offenders. The auditor requested documentation for contractors hired in the previous twelve months, however at the issuance of the interim report the documentation had not been provided.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with offenders, or that a system is in place for otherwise capturing such information for current employees. 3.03, page 2 states the agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees. 20-14-01, page 8 states the agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees. The interview with the Human Resource staff member indicated that criminal background record checks are completed through a submission of fingerprints to the NCIC system. He confirmed they conduct criminal background record checks at least every five years on staff and contractors. The auditor requested documentation for staff employed longer than five years, however at the issuance of the interim report the documentation had not been provided.

115.17 (f): 3.03, page 2 states the agency shall ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. 20-14-01, page 8 states the agency shall ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of the employment application notes that it directs application to answer numerous questions, including: "have you ever been convicted, arrest, detained for a criminal charge, or summoned into criminal court?", "have you ever been involved as a party in civil litigation?", "have you ever been the accused in an administrative sexual harassment claim?", "have you ever been arrested or charged with a crime?", "have you ever been suspended or involuntarily terminated from employment or have you resigned to prevent immediate termination either while there was an ongoing investigation into your activities or at the conclusion of such investigation?", and "have you ever recede any alternative to sentencing such as probation before judgement, pretrial diversion, non-adjudication of guilt or have you ever had an expungement?" The Human Resource staff stated these questions are asked on the application as well as on a form. The Human Resource staff member confirmed that staff have a continuing affirmative duty to disclose any previous misconduct. The facility noted they have a form that is utilized for the questions under this provision, however the form was never provided. The auditor requested documentation for staff hired and promoted in the previous

twelve months, however at the issuance of the interim report the documentation had not been provided.

115.17 (g): The PAQ indicates that agency policy states that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. 3.03, page 2 states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. 20-14-01, page 8 states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h): 3.03, page 2 states unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. 20-14-01, page 8 states unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the Human Resource staff confirmed that they provide requested information to other institutional employers.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 3.03 – Personnel, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Employment Application, Prior Institutional Employment Inquiry Memorandum, and information obtained from the Human Resource staff interview, this standard appears to require corrective action. The auditor requested documentation for staff and contractors hired in the previous twelve months, however at the issuance of the interim report the documentation had not been provided. The facility noted they have a form that is utilized for the questions under provision (f), however the form was never provided. The auditor requested documentation for staff employed longer than five years, however at the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Further corrective action may be required once reviewed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Criminal Background Record Checks
2. Prior Institutional Employer Inquiry
3. Process Memorandum
4. Annual PREA Disclosures Form
5. List of Staff Hired and Promoted During the Corrective Action Period

The facility provided the originally requested documentation for staff hired in the previous twelve months. All three had a criminal background records check completed prior to hire. The facility provided documentation illustrating two of the three had answered the questions under provision (f) prior to hire. One of the staff had a prior institutional employer. Documentation confirmed that the agency reached out to the prior institutional employer and inquired about substantiated sexual abuse investigations and resignation during investigation. There were zero contractors hired during the previous twelve months.

The agency was not ensuring criminal background record checks were completed at least every five years for staff and contractors. As such, corrective action was implemented. The facility provided a process memo that outlined each January the facility recognizes staff for their years of service. All staff that reach a milestone with a five year increment (five years, ten years, fifteen years, etc.) will have a criminal background records check completed. The criminal background records check will be documented in the Jail Tracker system. The facility provided confirmation that all current staff and contractors had an updated criminal background records check completed during the corrective action period.

The facility provided a list of staff hired during the corrective action period and promoted during the corrective action period. All staff hired (five) completed the employment application and/or the Annual PREA Disclosures Form, which include the questions under provision (f). Further, all staff promoted (three) had completed the Annual PREA Disclosures Form prior to promotion.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003
3. 2024 Staffing Plan Review

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. 20-14-01, page 9 states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse. During the tour the auditor confirmed that there were no substantial modifications to the existing facility. The interview with the Agency

Head Designee indicated that they have not made any major changes, but they would always consult with the agency, MDOC, building codes and any laws related to PREA to ensure that it is considered in any design. The interview with the Warden confirmed there have been no substantial expansions or modifications to the existing facility since the last PREA audit.

115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. 20-14-01, page 9 states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse. During the tour the auditor observed a plethora of cameras in housings units, common areas, program areas and work areas. Cameras are monitored by the staff in each control pod. Cameras can also be remotely monitored by administrative level staff. Video monitoring is utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas. The interview with the Agency Head Designee and Warden confirmed that any use of video monitoring technology would be utilized to assist in enhancing the agency's ability to protect offenders from sexual abuse. The Agency Head Designee stated video monitoring gives them a wide vision and better vision. He stated additional monitoring technology is always good for safety of offender abuse. He advised video monitoring is not a substitute for staffing but it is a great tool to enhance security and protection. A review of the 2024 Staffing Plan Review noted that the facility installed a comprehensive video monitoring system with over 120 cameras that enhanced the monitoring and supervision of offenders.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, 2024 Staffing Plan Review, observations made during the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination

Act of 2003

3. PREA Incident Response Checklist
4. Response to Sexual Assault/Abuse Allegation
5. Memorandum of Understanding with Mississippi Coalition Against Sexual Assault (MSCASA)
6. Investigative Reports

Interviews:

1. Interviews with Random Staff
2. Interview with the PREA Coordinator
3. Interview with SAFE/SANE

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative investigations, while the Sheriff's Office is responsible for conducting criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. It should be noted the jail is under the umbrella of the Sheriff's Office and as such the agency conducts both administrative and criminal investigations. 20-14-01, page 9 states to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. A review of the PREA Incident Response Checklist notes that it includes duties for numerous staff related to securing evidence and notifying/contacting external law enforcement. Interviews with twelve staff indicated eleven were aware of and understood the protocol for obtaining usable physical evidence. Additionally, ten stated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful offenders. The PAQ was blank but further communication with the PC indicated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents." Further clarification with the PCM indicated that it

was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. 20-14-01, page 9 states the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Justice's Office on Violence Against Women publication, " A National Protocol 15 for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. A review of the PREA Incident Response Checklist notes that it includes duties for numerous staff related to securing evidence and notifying/contacting external law enforcement.

115.21 (c): The PAQ indicated that the facility offers all offenders who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated when possible forensic examinations are conducted by SAFE/SANE, and when SAFE/SANE are not available, a qualified medical practitioners performs the examination. The PAQ noted that the facility documents efforts to provide SAFE/SANE. 20-14-01, page 9 states the agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The PAQ indicated that during the previous twelve months there were zero forensic medical examinations conducted. The auditor contacted Forest General Hospital related to forensic medical examinations. The staff confirmed they have SAFE/SANE to perform forensic medical examinations. A review of documentation confirmed there were zero forensic medical examination completed in the previous twelve months.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. 20-14-01, pages 9-10 states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is

not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. The Mississippi Department of Corrections has a Memorandum of Understanding with the Mississippi Coalition Against Sexual Assault, which was signed on October 1, 2023. The MOU states the MDOC will ensure involvement of the outside rape crisis advocate as a standard response to a report of sexual abuse when a PREA incident of sexual abuse/harassment has been reported. It advises that MSCASA agrees respond to victim (offender/resident) requests to provide services to incarcerated survivors of sexual abuse and sexual harassment. The support services are related to sexual violence including, hospital accompaniment for the victim (offender/resident) during the forensic medical examination process, in-hospital investigatory interviews, emotional support services in person and referral. MSCASA also agrees to provide follow-up services and crisis intervention to victims (offenders/residents) of sexual assault, as resources allow. The interview with the PC confirmed the facility provides offender with access to a victim advocate, when requested, to accompany and provide emotional support during forensic medical exams and investigatory interviews. He stated they would contact MSCASA and they would contact the appropriate organization to provide someone for these services. The PC indicated that MCASA and the organizations they work with would be certified rape crisis centers. The auditor spoke with MCASA who confirmed they provide services to the facility under the MDOC MOU, however they do not have the staffing to provide an advocate for hospital accompaniment and most investigatory interviews. There were zero offenders who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted. There were zero sexual abuse allegations reported during the previous twelve months and as such no documentation was reviewed. After the on-site portion of the audit the facility provided the Response to Sexual Assault/Abuse Allegation form that provides a checkbox where victims identify if they want to accept or decline a victim advocate.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 20-14-01, page 10 states as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The Mississippi Department of Corrections has a Memorandum of Understanding with the Mississippi Coalition Against Sexual Assault, which was signed on October 1, 2023. The MOU states the MDOC will ensure involvement of the outside rape crisis advocate as a standard response to a report of sexual abuse when a PREA incident of sexual abuse/harassment has been reported. It advises that MSCASA agrees respond to victim (offender/resident) requests to provide services to incarcerated survivors of sexual abuse and sexual harassment. The support services are related to sexual violence including, hospital accompaniment for the victim

(offender/resident) during the forensic medical examination process, in-hospital investigatory interviews, emotional support services in person and referral. MSCASA also agrees to provide follow-up services and crisis intervention to victims (offenders/residents) of sexual assault, as resources allow. The interview with the PC confirmed the facility provides offender with access to a victim advocate, when requested, to accompany and provide emotional support during forensic medical exams and investigatory interviews. He stated they would contact MSCASA and they would contact the appropriate organization to provide someone for these services. The PC indicated that MCASA and the organizations they work with would be certified rape crisis centers. The auditor spoke with MCASA who confirmed they provide services to the facility under the MDOC MOU, however they do not have the staffing to provide an advocate for hospital accompaniment and most investigatory interviews. There were zero offenders who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted. There were zero sexual abuse allegations reported during the previous twelve months and as such no documentation was reviewed. After the on-site portion of the audit the facility provided the Response to Sexual Assault/Abuse Allegation form that provides a checkbox where victims identify if they want to accept or decline a victim advocate.

115.21 (f): The PAQ was blank but further communication with the PC indicated that the agency conducts criminal investigations via the Sheriff's Office (jail is part of the Sheriff's Office umbrella).

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): 20-14-01, page 10 states for the purposes of this section, a qualified agency staff member or a qualified community- based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The Mississippi Department of Corrections has a Memorandum of Understanding with the Mississippi Coalition Against Sexual Assault, which was signed on October 1, 2023. The MOU states the MDOC will ensure involvement of the outside rape crisis advocate as a standard response to a report of sexual abuse when a PREA incident of sexual abuse/harassment has been reported. It advises that MSCASA agrees respond to victim (offender/resident) requests to provide services to incarcerated survivors of sexual abuse and sexual harassment. The support services are related to sexual violence including, hospital accompaniment for the victim (offender/resident) during the forensic medical examination process, in-hospital investigatory interviews, emotional support services in person and referral. MSCASA also agrees to provide follow-up services and crisis intervention to victims (offenders/residents) of sexual assault, as resources allow. The auditor spoke with MCASA who confirmed they provide services to the facility under the MDOC MOU, however they do not have the staffing to provide an advocate for hospital accompaniment and most

investigatory interviews.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, PREA Incident Response Checklist, Memorandum of Understanding with Mississippi Coalition Against Sexual Assault (MSCASA), Investigative Reports, and information from interviews with random staff, the PREA Coordinator and SAFE/SANE, this standard appears to require corrective action. The auditor spoke with MCASA who confirmed they provide services to the facility under the MDOC MOU, however they do not have the staffing to provide an advocate for hospital accompaniment and most investigatory interviews.

Corrective Action

The facility will need to establish a procedure to afford victim advocacy accompaniment for victims of sexual abuse. The facility will need to provide a process memo outlining the services and documentation illustrating those individuals providing services are appropriate and have had adequate training. The facility will need to train appropriate staff on the process and how to document the victim advocacy services. Confirmation of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated victim advocacy documents.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Victim Advocacy Form
2. Incident Report
3. Victim Advocacy Training Curriculum
4. Victim Advocacy Training Sign-In Sheets
5. Process Memorandum

	<p>The facility provided a form that was created to document victim advocacy services. The form documents the offer of an advocate and if the victim accepts or declines the services. The facility conducted training with applicable staff on the form and provided an example (mock) of how the form would be utilized. The facility provided an incident report that outlined a victim advocate was offered and was accepted and that the advocate was contacted. The victim advocacy form also outlined the services were offered and accepted. There were zero sexual abuse or sexual harassment allegations reported during the corrective action period.</p> <p>The facility had four staff complete victim advocacy training through MSCASA. The facility provided the training curriculum utilized by MSCASA staff and confirmation of the completed training.</p> <p>A process memorandum that was distributed to all staff was provided that outlined affording a victim advocate to offenders who report sexual abuse. The memo noted that offender victims will be offered an advocate and if accepted, the Watch Commander will contact MSCASA to determine if they have an advocate available. If an advocate is not available the Watch Commander will contact the on-call facility victim advocate.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003 3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003

Interviews:

1. Interview with the Agency Head Designee
2. Interviews with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ noted there were zero allegations reported within the previous twelve months. 12.04.01, page 3 states all information regarding the assault will be forwarded to the Facility Administrator. The Facility Administrator or designee will review all documents and will complete a preliminary investigation. Should the allegation contain merit, all documents will be forwarded to the Internal Audit Division (IAD) for a full investigation. IAD will complete the investigation as required by IAD investigation guidelines and will report all findings in writing to the Facility Administrator. The Facility Administrator's Department will investigate sexual assaults of county Inmates. The facility will fully investigate all claims of sexual assault and will discipline offenders found guilty of sexual assault to the fullest extent of the law. 20-14-01, page 11 states the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The interview with the Agency Head Designee confirmed that the agency ensures an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated they separate the victim and abuser, they contact the law enforcement officer, who is staff at the facility, they train staff to treat all areas like a crime scene and to not allow anyone to destroy any physical evidence, they save all video and then the staff conducts the investigation. There were zero sexual abuse or sexual harassment allegations reported during the previous three years.

115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. 12.04.01, page 3 states all information regarding the assault will be forwarded to the Facility Administrator. The Facility Administrator or designee will review all documents and will complete a preliminary investigation. Should the allegation contain merit, all documents will be forwarded to the Internal Audit Division (IAD) for a full investigation. IAD will complete the investigation as required by IAD investigation guidelines and will report all findings in writing to the Facility Administrator. The

Facility Administrator's Department will investigate sexual assaults of county Inmates. The facility will fully investigate all claims of sexual assault and will discipline offenders found guilty of sexual assault to the fullest extent of the law. 20-14-01, page 11 states the agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. Interviews with investigators confirmed that agency policy requires allegations of sexual abuse be referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. A review of the agency website noted there was no information related to sexual abuse or sexual harassment allegations, incidents or investigations. There were zero sexual abuse or sexual harassment allegations reported during the previous three years.

115.22 (c): The agency/facility has the authority to conduct both administrative and criminal investigations.

115.22 (d): The PAQ stated if the agency is not responsible for conducting administrative or criminal investigations of alleged sexual abuse, and another state entity has that responsibility, this other entity has a policy governing how such investigations are conducted. The agency/facility has the authority to conduct both administrative and criminal investigations.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, the agency's website and information obtained via interviews with the Agency Head Designee and investigators, this standard appears to require corrective action. A review of the agency website noted there was no information related to sexual abuse or sexual harassment allegations, incidents or investigations.

Corrective Action

The facility will need to post information on policy regarding the referral of allegations

of sexual abuse or sexual harassment for criminal investigation. The facility will need to provide confirmation when the website is updated for the auditor to review.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Agency Website

The facility provided a link to their newly created agency website. The auditor confirmed that the website contained policy information on referral of allegations for investigation.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 20033. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 20034. Marion County Regional Correctional Facility Policy 4.01 - Trainer Prerequisites; Officer and Civilian Training5. PREA Training Curriculum

6. Staff Training Records

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with offenders on the requirements under this provision. 12.04.01, pages 3-4 state staff should be trained to recognize the signs of sexual assault, understand the identification and referral process when an alleged sexual assault occurs, and have a basic understanding of sexual assault prevention and response techniques. Curriculum regarding the Prison Rape Elimination Act will be included in the Correctional Officer Training Academy for all new employees, and will be included in the 40-Hour refresher training for all existing staff. 20-14-01, pages 11-12 state the agency shall train all employees who may have contact with offenders on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' right to be free from sexual abuse and sexual harassment; (4) The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the Prison Rape Elimination Act training curriculum noted that it included information on: the agency's zero-tolerance policy (page 6), the offenders' right to be free from sexual abuse and sexual harassment (page 7), the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment (page 7), the common reactions of sexual abuse and sexual harassment victims (page 10), how to avoid inappropriate relationship with offenders (page 8), how to communicate professionally and effectively with LGBTI offenders (page 9) and how to comply with relevant laws related to mandatory reporting (page 10). Interviews with twelve random staff confirmed they had received PREA training. Staff advised the components under this provision are discussed during the PREA training. A review of sixteen staff training records confirmed fifteen had completed PREA training. The auditor determined that the training curriculum currently utilized was not adequate as it did not cover all the required elements under this provision.

115.31 (b): The PAQ indicated that training is tailored to the gender of offender at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 20-14-01, page 12 states such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. The facility houses adult male offenders and as such additional training was not required or conducted.

115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with offenders with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. 12.04.01, pages 3-4 state staff should be trained to recognize the signs of sexual assault, understand the identification and referral process when an alleged sexual assault occurs, and have a basic understanding of sexual assault prevention and response techniques. Curriculum regarding the Prison Rape Elimination Act will be included in the Correctional Officer Training Academy for all new employees, and will be included in the 40-Hour refresher training for all existing staff. 20-14-01, page 12 states all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. A review of sixteen staff training records indicated eleven had completed PREA training at least every two years. Three of the staff were new hires and had not been at the facility longer than a year.

115.31 (d): The PAQ indicated that the agency documents that employees who may have contact with offenders understand the training they have received through employee signatures or electronic verification. 20-14-01, page 12 states the agency shall document, through employee signature or electronic verification that employees understand the training they have received. A review of staff training records confirmed staff signed that they received and understood the training.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Marion County Regional Correctional Facility Policy 4.01 – Trainer Prerequisites; Officer and Civilian Training, PREA Training Curriculum, Updated Annual PREA Training Curriculum, Staff Training Records, as well as interviews with random staff, this standard appears to

require corrective action. The auditor determined that the training curriculum currently utilized was not adequate as it did not cover all the required elements under this provision.

Corrective Action

The facility will need to update their current training curriculum to include all the required elements under this standard. The facility will need to have all staff complete the updated PREA training. Confirmation of the training will need to be completed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Annual PREA Training Curriculum
2. Staff Training Records

The facility provided the updated annual PREA training curriculum. The updated annual PREA training curriculum included all the elements required under provision (a). It also incorporated scenarios related to first responder duties, staff boundaries, definitions of sexual abuse and sexual harassment and applying that to incidents that are reported and information related to the PREA audit process. It should be noted that the updated annual PREA training curriculum included slides that outlined differences among male and female offenders as it relates to dynamics and reactions.

Sign-in sheets were provided to the auditor confirming all current staff completed the updated annual PREA training curriculum.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.32	Volunteer and contractor training
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 432 376">Documents:</p> <ol data-bbox="256 412 1458 775" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 1458 560">2. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003 <li data-bbox="256 595 635 631">3. Volunteer Agreement <li data-bbox="256 667 619 703">4. Volunteer Handbook <li data-bbox="256 739 927 775">5. Contractor and Volunteer Training Records <p data-bbox="256 887 416 922">Interviews:</p> <ol data-bbox="256 958 1458 994" style="list-style-type: none"> <li data-bbox="256 958 1458 994">1. Interviews with Volunteers and/or Contractors who have Contact with Offenders <p data-bbox="256 1106 587 1142">Findings (By Provision):</p> <p data-bbox="256 1245 1469 2074">115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. The PAQ indicated that nineteen volunteers and contractors had received PREA training. 20-14-01, page 13 states the agency shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. A review of the Volunteer Handbook notes that it includes information on the zero tolerance policy. The two contractors and volunteer advised they received training on the agency’s sexual abuse and sexual harassment policies. The auditor requested a list of contractors, however the facility did not provide a list other than the two medical contractors. The facility contracts with an organization to provide education services. The auditor requested documentation for the two medical contractors and three volunteers. At the issuance of the interim report, documentation had only been provided illustrating one medical contractor completed PREA training. After the on-site portion of the audit the facility updated the Volunteer Handbook. The Handbook was updated to include what to report (i.e. sexual abuse, sexual harassment, rape, any unwelcomed behavior), how to report (Facility PC or to any staff member) as well as State Law 97-3-104 and penalties for violation the law.</p>

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. Additionally, the PAQ indicates that all volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 20-14-01, page 13 states the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. A review of the Volunteer Handbook notes that it includes information on the zero tolerance policy. Interviews with contractors and the volunteer confirmed the training went over the zero tolerance policy and reporting requirements. After the on-site portion of the audit the facility updated the Volunteer Handbook. The Handbook was updated to include what to report (i.e. sexual abuse, sexual harassment, rape, any unwelcomed behavior), how to report (Facility PC or to any staff member) as well as State Law 97-3-104 and penalties for violation the law. While the Volunteer Handbook was updated, this training is not based on contact with offenders. Those contractors and volunteers who work regularly in the facility do not receive additional training.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. 20-14-01, page 13 states the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. A review of the Volunteer Acknowledge of PREA Act indicates that it outlines the zero tolerance policy and includes space for a signature confirming the volunteer has read the policy and agrees to follow through with it. The auditor requested a list of contractors, however the facility did not provide a list other than the two medical contractors. The facility contracts with an organization to provide education services. The auditor requested documentation for the two medical contractors and three volunteers. At the issuance of the interim report, documentation had only been provided illustrating one medical contractor completed PREA training.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Volunteer Agreement, Volunteer Handbook, Contractor and Volunteer Training Documents, well as the interviews with contractors and the volunteer, this standard appears to require corrective action. While the Volunteer Handbook was updated, it was not provided to all current contractors and volunteers. Additionally, training is not based on contact with offenders. Those contractors who work regularly in the facility do not receive additional training. The auditor requested a list of contractors, however the facility did not provide a list other

than the two medical contractors. The facility contracts with an organization to provide education services. The auditor requested documentation for the two medical contractors and three volunteers. At the issuance of the interim report, documentation had only been provided illustrating one medical contractor completed PREA training.

Corrective Action

The facility will need to ensure all contractors and volunteers complete PREA training, to include, at minimum the updated Volunteer Handbook. The facility will need to ensure all contractors and volunteers with routine contact with offenders are provided additional training based on contact. A copy of the additional training curriculum will need to be provided. All current contractors and volunteers will need to be provided appropriate training. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Annual PREA Training Curriculum
2. Contractor Training Records

The facility provided the updated Annual PREA Training curriculum. The updated Annual PREA Training curriculum included all the elements required under PREA standard 115.31 provision (a). It also incorporated scenarios related to first responder duties, staff boundaries, definitions of sexual abuse and sexual harassment and applying that to incidents that are reported and information related to the PREA audit process. All contractors and volunteers are now required to complete the Annual PREA Training curriculum.

The facility provided a list of all current contractors. The facility did not have any active volunteers. Sign-in sheets were provided to the auditor confirming all current

	<p>contractors completed the updated Annual PREA Training curriculum.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003 3. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003 4. Translator Services Contract 5. Inmate Handbook 6. Prison Sexual Assault Poster (MSCASA Poster) 7. MDOC PREA Tips Line Poster (MDOC Poster) 8. No Means No Poster 9. PREA Intake Agreement (PREA Form, PREA Agreement, Treatment Options Form, PREA 2003 Form) 10. PREA Statement 11. PREA Agreement 12. Orientation Checklist 13. Comprehensive PREA Education 14. PREA Intake Handout 15. PREA Brochure 16. PREA What You Need to Know Video 17. Offender PREA Education Records

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Offender

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ indicated that offenders receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 287 offenders received information on the zero-tolerance policy and how to report at intake. 12.04.01, page 1 states during intake and orientation, information is provided to offenders about sexual abuse/assault including: Prevention/intervention, Self-protection, Reporting sexual abuse/assault and Treatment and counseling. The information is communicated orally and in writing, in a language clearly understood by the offender, upon arrival at the facility. Page 2 states all offenders will receive information regarding the Prison Rape Elimination Act (PREA). The offenders will be informed of the zero tolerance policy for sexual assaults in the facility. 20-14-01, page 13 states during the intake process, offenders shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. A review of the Inmate Handbook confirms that pages 9-10 include information on PREA. The Inmate Handbook contains information on the zero tolerance policy, the definition of "rape" and sexual misconduct, treatment options for victims (medical and separation), how to protect self from becoming a victim, actions if an offender sexually assaults someone and to report to staff. The PREA Intake Agreement includes the PREA Form, PREA Agreement, Treatment Options Form and PREA 2003 Form, which outline the zero tolerance policy, actions to take/not to take after sexually assaulted, risk to those who are perpetrators, treatment options for victims, how offenders can protect themselves, and definitions for "rape" and sexual misconduct. The auditor observed the intake and comprehensive education process through a demonstration. All offenders receive comprehensive education within 24 hours of arrival. Offenders receive orientation one-on-one with a case manager. Offenders are provided an orientation packet, which includes the PREA form, the PREA Agreement, the Treatment Options form, and the PREA 2003 form. Staff verbally explain what PREA stands for, that they have a zero

tolerance policy, what PREA is, and their rights under PREA. Staff go over the three forms, one-by-one and have the offender read the forms. Staff advise offenders there are posters around the facility that include information. Staff also advise them of the phone number to report as well as the option to submit a form on the kiosk. Offenders sign each form to acknowledge receipt and understanding. The interview with the intake staff confirmed that offenders are provided information on the agency's zero tolerance policy and reporting mechanism during intake. She stated they are provided an orientation packet and she verbally discusses the zero tolerance policy and reporting mechanisms. Interviews with 26 offenders indicated 24 were provided information on the zero tolerance policy and methods to report. The auditor requested documentation for 32 offenders, including dates of arrival and education documents. At the issuance of the interim report documentation had only been provided for fifteen offenders. All fifteen were documented with receiving information at intake. Following the on-site portion of the audit, the facility updated their posted and distributed information, including the PREA Intake Agreement documents, the PREA Statement, the Inmate Handbook and both Posters. The PREA Intake Agreement documents were updated and combined into one document, the PREA Comprehensive Education document. This document outlines the zero tolerance policy, the offenders right to be free from sexual abuse and sexual harassment, the offenders right to be free from retaliation from reporting such incidents, definitions of sexual abuse and sexual harassment, KRS 510.120 (1c), what to do if sexually assaulted, how to report, victim advocacy information, the facility's response to the incident, ways to avoid sexual abuse and facts for perpetrators. The facility provided the PREA Brochure, which will be provided to offenders at intake. The PREA Brochure includes information on the zero tolerance policy, definitions of sexual abuse and sexual harassment, tips to avoid sexual abuse, reporting mechanisms, emotional support services, and what to do if sexually abused.

115.33 (b): 12.04.01, page 1 states during intake and orientation, information is provided to offenders about sexual abuse/assault including: Prevention/intervention, Self-protection, Reporting sexual abuse/assault and Treatment and counseling. The information is communicated orally and in writing, in a language clearly understood by the offender, upon arrival at the facility. Page 2 states all offenders will receive information regarding the Prison Rape Elimination Act (PREA). The offenders will be informed of the zero tolerance policy for sexual assaults in the facility. 20-14-01, page 13 states within 30 days of intake, the agency shall provide comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ indicated that 273 offenders received comprehensive PREA education within 30 days of intake. A review of the Inmate Handbook confirms that pages 9-10 include information on PREA. The Inmate Handbook contains information on the zero tolerance policy, the definition of "rape" and sexual misconduct, treatment options for victims (medical and separation), how to protect self from becoming a victim, actions if an offender sexually assaults someone and to report to

staff. The PREA Intake Agreement includes the PREA Form, PREA Agreement, Treatment Options Form and PREA 2003 Form, which outline the zero tolerance policy, actions to take/not to take after sexually assaulted, risk to those who are perpetrators, treatment options for victims, how offenders can protect themselves, and definitions for “rape” and sexual misconduct. The auditor observed the intake and comprehensive education process through a demonstration. All offenders receive comprehensive education within 24 hours of arrival. Offenders receive orientation one-on-one with a case manager. Offenders are provided an orientation packet, which includes the PREA form, the PREA Agreement, the Treatment Options form, and the PREA 2003 form. Staff verbally explain what PREA stands for, that they have a zero tolerance policy, what PREA is, and their rights under PREA. Staff go over the three forms, one-by-one and have the offender read the forms. Staff advise offenders there are posters around the facility that include information. Staff also advise them of the phone number to report as well as the option to submit a form on the kiosk. Offenders sign each form to acknowledge receipt and understanding. The interview with the intake staff indicated that offenders receive education on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and the facility’s response to a report of sexual abuse. She advised offenders receive this information within 24 hours of arrival. Interviews with 26 offenders indicated 20 were provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, and agency policies and procedures for responding to such incidents. The auditor requested documentation for 32 offenders, including dates of arrival and education documents. At the issuance of the interim report documentation had only been provided for fifteen offenders. All fifteen were documented with receiving comprehensive PREA education. Following the on-site portion of the audit, the facility updated their posted and distributed information, including the PREA Intake Agreement documents, the PREA Statement, the Inmate Handbook and both Posters. The PREA Intake Agreement documents were updated and combined into one document, the PREA Comprehensive Education document. This document outlines the zero tolerance policy, the offenders right to be free from sexual abuse and sexual harassment, the offenders right to be free from retaliation from reporting such incidents, definitions of sexual abuse and sexual harassment, KRS 510.120 (1c), what to do if sexually assaulted, how to report, victim advocacy information, the facility’s response to the incident, ways to avoid sexual abuse and facts for perpetrators.

115.33 (c): The PAQ indicated that all current offenders at the facility had been educated on PREA within 30 days of intake. Additionally, the PAQ indicated that agency policy requires that offenders who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. 12.04.01, page 1 states during intake and orientation, information is provided to offenders about sexual abuse/assault including: Prevention/intervention, Self-protection, Reporting

sexual abuse/assault and Treatment and counseling. The information is communicated orally and in writing, in a language clearly understood by the offender, upon arrival at the facility. Page 2 states all offenders will receive information regarding the Prison Rape Elimination Act (PREA). The offenders will be informed of the zero tolerance policy for sexual assaults in the facility. 20-14-01, page 13 states current offenders who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the offender's new facility differ from those of the previous facility. The interview with the intake staff indicated that offenders receive education on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and the facility's response to a report of sexual abuse. She advised offenders receive this information within 24 hours of arrival. The auditor requested documentation for 32 offenders, including dates of arrival and education documents. At the issuance of the interim report documentation had only been provided for fifteen offenders.

115.33 (d): The PAQ indicated that offender PREA education is available in formats accessible to all offenders, including those who are disabled or limited English proficient. 12.04.01, page 1 states during intake and orientation, information is provided to offenders about sexual abuse/assault including: Prevention/intervention, Self-protection, Reporting sexual abuse/assault and Treatment and counseling. The information is communicated orally and in writing, in a language clearly understood by the offender, upon arrival at the facility. Page 2 states all offenders will receive information regarding the Prison Rape Elimination Act (PREA). The offenders will be informed of the zero tolerance policy for sexual assaults in the facility. 20-14-01, page 13 states the agency shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. The facility has a contract with an individual to provide Spanish translation. The contract notes the translator has open availability to provide services. A review of MSCASA Poster and MDOC Poster note they are available in large print with bright colors. A review of the MSCASA Poster, MDOC Poster, No Means No Poster and Handbook confirm they are available in English and Spanish. Interviews with one disabled offender and one LEP offender indicated both were provided information in a format that they could understand. The auditor requested documentation for one disabled offender and one LEP offender. At the issuance of the interim report documentation had not been provided.

115.33 (e): The PAQ indicated that the agency maintains documentation of offender participation in PREA education sessions. A review of the PREA Intake Agreement notes that offenders sign the bottom of all four forms. 20-14-01, page 13 states the agency shall maintain documentation of offender participation in these education sessions. A review of the numerous forms note that offenders sign the bottom of each

of the pages. The last page, PREA Agreement, includes the statement "I have read and understand the information provided to me regarding the Prison Rape Elimination Act of 2003. If I am being pressured by any other person, staff or offender, for money, property, sexual favors, or become a victim of sexual assault, I will immediately contact the Case Manager, Facility Administrator, or any other staff member with whom I feel comfortable. I am also aware that if I am the person who sexually assaults another person, could face a sentence from five years to life depending on prior convictions." A review documentation noted offender signed the last page of the PREA Agreement confirming they received education. After the on-site portion of the audit the facility updated the PREA Agreement which will be utilized for document completion of PREA education. The document states "I confirm that I have been verbally advised of the agency's zero tolerance policy regarding sexual abuse and sexual harassment, ways to report sexual abuse, my right to be free from sexual abuse and sexual harassment, my right to be free from retaliation from reporting such incidents and the facility's response to an incident of sexual abuse. I have been given the opportunity to ask any questions. I have been provided documentation that outlines the information that was verbally provided. I confirm I have read and understand the documents." The form has a line for the offender to sign and date. Additionally, the facility updated the Orientation Checklist to not only include a section where the offender initials that they received the Handbook, but also a section they initial confirming they received Comprehensive PREA Education.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, offender handbooks or other written formats. 20-14-01, page 14 states in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats. A review of the Inmate Handbook confirms that pages 9-10 include information on PREA. The Inmate Handbook contains information on the zero tolerance policy, the definition of "rape" and sexual misconduct, treatment options for victims (medical and separation), how to protect self from becoming a victim, actions if an offender sexually assaults someone and to report to staff. The PREA Intake Agreement is four pages that outline the zero tolerance policy, actions to take/not to take after sexually assaulted, risk to those who are perpetrators, treatment options for victims, how offenders can protect themselves, and definitions for "rape" and sexual misconduct. A review of the MSCASA Poster notes that it includes contact information for MSCASA (phone number and mailing address). The poster outlines that MSCASA can provide support. The poster advises to report sexual abuse they can contact MSCASA. The MDOC PREA Tip Line Poster includes the speed dial number (6500), which goes to MSCASA. The auditor observed PREA information posted throughout the facility via the Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster) and No Means No Poster. The MSCASA Poster and MDOC Poster were in English and Spanish and were oversized (24x36). The No Means No Poster was in English and Spanish on letter size paper. The auditor also reviewed the kiosk and observed that it included the PREA

Statement, PREA Acknowledgment, the Handbook and the PREA What You Need to Know video. Documents were in English. It should be noted that information on all posters and documents was inaccurate and required updates. Following the on-site portion of the audit, the facility updated their posted and distributed information, including the Inmate Handbook and both Posters. Additionally, the facility created the Comprehensive PREA Education document and two new acknowledgment forms to replace the PREA Intake Agreement Forms. Photos were provided confirming the updated Posters were displayed throughout the facility and the documents were added to the tablet/kiosk system.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Translator Services Contract, Inmate Handbook, Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tip Line Poster, No Means No Poster, PREA Intake Agreement (PREA Form, PREA Agreement, Treatment Options Form, PREA 2003 Form), PREA Statement, PREA What You Need to Know Video, Offender PREA Education Records, observations made during the tour, as well as information obtained during interviews with intake staff and random offenders, this standard to require corrective action. The auditor requested documentation for 32 offenders, including dates of arrival and education documents. At the issuance of the interim report documentation had only been provided for fifteen offenders. The auditor requested documentation for one disabled offender and one LEP offender. At the issuance of the interim report documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Once received, additional corrective may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Offender Education Documents

	<p>The facility provided the originally requested offender education documents. All offenders received information at intake and completed comprehensive PREA education. The auditor noted a few were past the 30 day timeframe but this did not appear to be a systematic issue.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 3. PREA Stop Violence Training Curriculum 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 20-14-01, page 14 states in addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such. investigations in confinement settings. A review of the PREA Stop Violence Training Curriculum noted it did not include specialized training topics for investigations. Interviews with the investigators confirmed they received specialized</p>

training regarding conducting sexual abuse investigations in a confinement setting. A review of documentation indicated one facility staff member had completed the training.

115.34 (b): 20-14-01, page 14 states specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A review of the PREA Stop Violence Training Curriculum noted it did not include the topics required under this provision. Interviews with investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case. A review of documentation indicated one facility staff member had completed the specialized investigator training.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and two investigators completed the specialized training. 20-14-01, page 14 states the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. A review of documentation indicated one facility staff member had completed the specialized investigator training.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, PREA Stop Violence Training Curriculum, Investigator Training Records, as well as the interviews with investigators, this standard appears to require corrective action. A review of the PREA Stop Violence Training Curriculum noted it did not include the topics required under this provision.

Corrective Action

The facility will need to utilize a training that includes the elements under this standard. A copy of the training will need to be provided. Confirmation will also need to be provided that facility investigators completed the training.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. National Institute of Corrections (NIC) Conducting Sexual Abuse Investigations in a Confinement Setting Training 2. Legal and Liability Management Institute Training 3. Investigator Training Records <p>The facility outlined that they would utilize the NIC training for specialized investigator training. A review of the NIC training curriculum confirmed it includes the required elements under this standard. One of the two facility staff completed the NIC training. Confirmation was provided via the training certificate. The second facility investigator completed specialized training in April 2023. The auditor was provided a copy of the training curriculum and confirmed it included the required elements under this standard. Confirmation of the training was also provided.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	---

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 3. PREA Training Curriculum

Interviews:

1. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 20-14-01, page 15 states the agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. A review of the PREA Training Curriculum noted it was not specialized training for medical and mental health care. It did not include the topics required under this provision. The PAQ indicated that the facility has two medical and mental health care staff and that 2% of these staff received the specialized training. Further communication with the PC indicated neither staff had completed the specialized training. The interview with the medical staff member indicated she had received specialized training and the training included the elements under this provision. It should be noted the facility does not have mental health care staff. All mental health services are provided in the community or through MDOC. The auditor requested training for the two medical staff that work at the facility. At the issuance of the interim report the documentation had not been provided.

115.35 (b): The PAQ indicated that agency medical and mental health care staff do not perform forensic medical examinations. 20-14-01, page 15 states if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. Interviews with medical and mental health staff confirmed that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated this was not applicable, however further communication with the PC indicated that documentation showing the completion of the training is maintained by the agency. 20-14-01, page 15 states the agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The auditor requested training for the two medical staff that work at the facility. At the issuance of the interim report the documentation had not been provided.

115.35 (d): 20-14-01, page 15 states medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. A review of the Prison Rape Elimination Act training curriculum noted that it included information on: the agency's zero-tolerance policy (page 6), the offenders' right to be free from sexual abuse and sexual harassment (page 7), the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment (page 7), the common reactions of sexual abuse and sexual harassment victims (page 10), how to avoid inappropriate relationship with offenders (page 8), how to communicate professionally and effectively with LGBTI offenders (page 9) and how to comply with relevant laws related to mandatory reporting (page 10). The auditor requested training for the two medical staff that work at the facility. At the issuance of the interim report the documentation had not been provided.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, PREA Training Curriculum, Medical and Mental Health Staff Training Records, as well as interviews with medical and mental health care staff, this standard appears to require corrective action. A review of the PREA Training Curriculum noted it was not specialized training for medical and mental health care. It did not include the topics required under this provision. Further communication with the PC indicated neither staff had completed the specialized training. The auditor requested training for the two medical staff that work at the facility. At the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide training with medical and mental health care staff with the elements required under this standard. A copy of the training curriculum will need to be provided. Confirmation that medical and mental health care staff completed the training will need to be provided. Further, the facility will need to provide confirmation that the medical staff completed the training as outlined under 115.31 or 115.32.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this

	<p>standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. PREA Resource Center (PRC) Specialized Medical and Mental Health Training Curriculum 2. Staff Training Records <p>The facility provided the PRC training curriculum and confirmed that medical and mental health would complete specialized training through the PRC curriculum. A review of the curriculum confirmed it includes the elements required under this standard. The facility provided confirmation that the three medical and mental health staff at the facility completed the PRC training. Additionally, the facility provided confirmation that the three medical staff completed training under 115.32.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003 3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 4. PREA Assessment Screening 5. Classification PREA Risk Assessment 6. Offender Assessment and Reassessment Documents <p>Interviews:</p>

1. Interviews with Staff Responsible for Risk Screening
2. Interviews with Random Offenders
3. Interview with the PREA Coordinator

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Files are Located

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other offenders. 12.04.01, page 2 states new offenders arriving at the facility will be screened within 24 hours of arrival for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly. Page 2 states during the initial classification process while conducting the individual interview, the mental health staff will attempt to identify any offenders who may be potential victims of sexual assaults as well as offenders who have a history of sexually aggressive behavior. All information should be documented and appropriate referrals made to mental health services. 20-14-01, page 15 states all offenders shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. The auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed by the PC in a private office setting. The PC goes through the PREA Assessment Screening form and verbally asks the offenders each question. Questions include: weight, height, age, gender identity, sexual preference, number of incarcerations, violent criminal history, prior sexual victimization, prior sexual abusiveness, and if they feel at risk of being victimized. All information is self-disclosure. Interviews with fifteen offenders that arrived within the previous twelve months indicated ten were asked questions related to risk of victimization and abusiveness during intake. The interview with the staff responsible for risk screening confirmed offenders are screened for risk of victimization and abusiveness upon admission to the facility.

115.41 (b): The PAQ indicated that the policy requires that offenders be screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of their intake. 12.04.01, page 2 states new offenders arriving at the facility will be

screened within 24 hours of arrival for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly. Page 2 states during the initial classification process while conducting the individual interview, the mental health staff will attempt to identify any offenders who may be potential victims of sexual assaults as well as offenders who have a history of sexually aggressive behavior. All information should be documented and appropriate referrals made to mental health services. 20-14-01, page 15 states intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ noted that zero offenders were screened within 72 hours over the previous twelve months. The interview with the staff responsible for the risk screening confirmed offenders are screened for their risk of victimization and abusiveness within 72 hours. Interviews with fifteen offenders that arrived within the previous twelve months indicated ten were asked questions related to risk of victimization and abusiveness during intake. The auditor requested documentation for 32 offenders, including dates of arrival and risk screening documents. At the issuance of the interim report documentation had only been provided for thirteen offenders. All thirteen had an initial risk screening completed, eleven of which were within the 72 hour timeframe.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. 20-14-01, page 15 states such assessments shall be conducted using an objective screening instrument. A review of the PREA Assessment Screening illustrates that the risk screening tool includes three sections. The first section includes questions on gender identify/sexual preference (reported and perceived), physical build (height, weight and frame), resident history (number of incarcerations), violent criminal history, prior sexual victimization, perception of vulnerability, if ever forced or pressured for sex, and touched against their will. The second section includes intake staff review and conclusion related to prior sexual victimization, if the resident is at risk for victimization, if they need specific housing, and if they are eligible for work and programs. The third section is for mental health screening and includes questions about prior sexual victimization and if the resident is at risk of sexual victimization. The tool did not include an objective method to determine if the offender is at risk of victimization and abusiveness. After the on-site portion of the audit, the facility created a new objective risk screening tool. The tool included eleven questions in the "at risk of being sexually assaulted or sexually abused (ATRSK)" section and three question in the "risk of sexually assaulting or abusing (RSKOF)" section. Each question includes a weight for each yes response. At the end of each section it outlines if the score is a specific number or higher that the person is deemed at risk for that section. Thus, the new risk screening tool is objective.

115.41 (d): 20-14-01, pages 15-16 state the intake screening shall consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (1) Whether the offender has a mental, physical, or developmental disability; (2) The age of the offender; (3) The physical build of the offender; (4) Whether the offender has previously been incarcerated; (5) Whether the offender's criminal history is

exclusively nonviolent; (6) Whether the offender has prior convictions for sex offenses against an adult or child; gender nonconforming; (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, (8) Whether the offender has previously experienced sexual victimization; (9) The offender's own perception of vulnerability; and (10) Whether the offender is detained solely for civil immigration purposes. A review of the PREA Assessment Screening illustrates that the risk screening tool includes three sections. The first section includes questions on gender identify/sexual preference (reported and perceived), physical build (height, weight and frame), resident history (number of incarcerations), violent criminal history, prior sexual victimization, perception of vulnerability, if ever forced or pressured for sex, and touched against their will. The second section includes intake staff review and conclusion related to prior sexual victimization, if the resident is at risk for victimization, if they need specific housing, and if they are eligible for work and programs. The third section is for mental health screening and includes questions about prior sexual victimization and if the resident is at risk of sexual victimization. The interview with the staff responsible for the risk screening indicated she goes through the form with the checkboxes. She stated she asks about weight, height, age, gender identity, sexual preference, the number of times incarcerated, violent charges, if ever sexually abused previously, and if they feel at risk of being victimized. After the on-site portion of the audit, the facility created a new objective risk screening tool. The tool included eleven questions in the "at risk of being sexually assaulted or sexually abused (ATRSK)" section. All elements under this provision are included in the new risk screening tool.

115.41 (e): 20-14-01, pages 16 states the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the PREA Assessment Screening illustrates that the risk screening tool includes three sections. The first section includes questions on gender identify/sexual preference (reported and perceived), physical build (height, weight and frame), resident history (number of incarcerations), violent criminal history, prior sexual victimization, perception of vulnerability, if ever forced or pressured for sex, and touched against their will. The second section includes intake staff review and conclusion related to prior sexual victimization, if the resident is at risk for victimization, if they need specific housing, and if they are eligible for work and programs. The third section is for mental health screening and includes questions about prior sexual victimization and if the resident is at risk of sexual victimization. The interview with the staff responsible for the risk screening indicated she goes through the form with the checkboxes. She stated she asks about weight, height, age, gender identity, sexual preference, the number of times incarcerated, violent charges, if ever sexually abused previously, and if they feel at risk of being victimized. After the on-site portion of the audit, the facility created a new objective risk screening tool. The tool included three question in the "risk of sexually assaulting or abusing (RSKOF)" section. All elements under this provision are included in the new risk screening tool.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each offender's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the offender's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 20-14-01, page 16 states within a set time period, not to exceed 30 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ noted that zero offenders were reassessed within 30 days. Further communication with the PC indicated they were not conducting reassessments. The facility does not conduct risk reassessments and as such the auditor was unable to observe the process. Interviews with fifteen offenders that arrived within the previous twelve months indicated zero had been asked questions related to their risk of victimization and abusiveness on more than one occasion. The interview with the risk screening staff indicated they are not currently conducting reassessments. The auditor requested documentation for 32 offenders, including dates of arrival and risk screening documents. At the issuance of the interim report documentation had only been provided for thirteen offenders. All thirteen had a reassessment completed, ten of which were within the 30 day timeframe.

115.41 (g): The PAQ indicated that the policy requires that an offender's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offenders risk of sexual victimization or abusiveness. 20-14-01, page 16 states an offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Interviews with fifteen offenders that arrived within the previous twelve months indicated zero had been asked questions related to their risk of victimization and abusiveness on more than one occasion. The interview with the staff responsible for the risk screening confirmed that offender would be reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. The auditor requested documentation for 32 offenders, including dates of arrival and risk screening documents. At the issuance of the interim report documentation had only been provided for thirteen offenders. All thirteen had a reassessment completed. There were zero sexual abuse allegations reported during the previous twelve months and as such no reassessments due to incident of sexual abuse were required.

115.41 (h): The PAQ indicated that policy prohibits disciplining offenders for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the offender has a mental, physical, or developmental disability; (b) whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the offender has

previously experienced sexual victimization; and (d) the offender's own perception of vulnerability. 20-14-01, page 16 states offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d) (1), (d)(7), (d) (8), or (d) (9) of this section. The interview with the staff responsible for risk screening confirmed that offenders are not disciplined for refusing to answer or for not fully disclosing information any of the risk screening questions.

115.41 (i): 20-14-01 page 16 states the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. Risk screening information is completed on paper, is scanned into the electronic system and is then destroyed. Records in the electronic system are accessible to the PC, case managers and the Chief. The Chief has to grant access in order for staff to have access to the electronic files. The PC and staff responsible for risk screening confirmed the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. She stated electronic access has to be granted by the Chief of Security.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, PREA Assessment Screening, Classification PREA Risk Screening, Offender Assessment and Reassessment Documents, and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random offenders, this standard appears to require corrective action. While the facility updated the risk screening tool, staff were not trained on the new tool and it was not implemented. It was discovered that reassessments were not being conducted within 30 days of arrival as required under the PRC's FAQ. Further all risk assessments were self-disclosure. Interviews with fifteen offenders that arrived within the previous twelve months indicated zero had been asked questions related to their risk of victimization and abusiveness on more than one occasion. The auditor requested documentation for 32 offenders, including dates of arrival and risk screening documents. At the issuance of the interim report documentation had only been provided for thirteen offenders. All thirteen had an initial risk screening completed, eleven of which were within the 72 hour timeframe. The auditor requested documentation for 32 offenders, including dates of arrival and risk screening documents. At the issuance of the interim report documentation had only been provided for thirteen offenders. All thirteen had a reassessment completed, ten of which were within the 30 day timeframe.

Corrective Action

The facility will need to train applicable staff on the use of the new risk screening tool. Confirmation of the training will need to be provided. The facility will need to ensure all current offenders have an updated risk assessment using the updated tool. The facility will also need to establish a process for reassessments. Training with appropriate staff will need to be conducted and confirmed of the training will need to be provided. The auditor will need to conduct a phone interview with risk screening staff to confirm the process. The facility will need to provide a list of offenders that arrived during the corrective action period and a systematic sample of initial risk assessments and reassessments.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Offender Risk Screening Documents

Additional Interviews:

1. Interviews with Staff Responsible for Risk Screening

The facility provided over 50 initial risk screening documents and reassessment documents that illustrated current offenders at the facility were screened using the new risk screening tool and new intakes were screened using the new risk screening tool.

Risk reassessments are completed through the same process as initial risk screenings. The PC is responsible for conducting all risk assessments (initial and reassessments). Training was conducted with staff, to include the PC on the new risk screening tool and process. The auditor was part of this training.

An additional sample of risk assessments completed during the corrective action period was provided. All initial risk assessments were completed within 72 hours and

	<p>all reassessments were completed within 30 days. All were done via the new risk screening tool.</p> <p>The auditor conducted a phone interview with the PC, who is conducting both initial risk screenings and reassessments. He advised for the initial risk screening he completes the form by asking the questions and then reviewing the file. He noted that he does not enter any responses until he has confirmed with the file. The form is then scanned into the database and alerts are entered into the database for any offender who scored as a high risk victim or high risk abuser. The PC advised that the reassessment process is the same as the initial. He noted he would re-ask all the questions and ask if anything has occurred since they arrived. He noted he would review the file a second time for any new information.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	---

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003 3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 4. LGB Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator/Compliance Manager 3. Interviews with Gay, Lesbian and Bisexual Offender

Site Review Observations:

1. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. 12.04.01, page 1 states if an offender is identified as being at high risk for sexual victimization or at risk of engaging in sexually assaultive behavior, he is transferred to a state facility immediately. Page 2 states it is the responsibility of staff to use sound correctional knowledge and experience when making initial housing and job assignments as well as changes in classification status during the term of incarceration. 20-14-01, page 17 states the agency shall use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The interview with the PREA Coordinator and staff responsible for the risk screening indicated that information from the risk assessment is used for housing and programming. The PC stated the screening determines if they can be housed, have a job or be in a program. The facility did not have a way to track high risk victims and high risk abusers.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each offender. 12.04.01, page 1 states if an offender is identified as being at high risk for sexual victimization or at risk of engaging in sexually assaultive behavior, he is transferred to a state facility immediately. Page 2 states it is the responsibility of staff to use sound correctional knowledge and experience when making initial housing and job assignments as well as changes in classification status during the term of incarceration. 20-14-01, page 17 states the agency shall make individualized determinations about how to ensure the safety of each offender. The interview with the staff responsible for the risk screening indicated that information from the risk assessment is used for housing and programming. He stated the screening determines if they can be housed, have a job or be in a program.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex offenders in the facility on a case-by-case basis. 20-14-01, page 17 states in deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other

housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. The interview with the PC indicated transgender and intersex offender housing and program assignments are based on their birth sex or birth certificate. He confirmed assignments consider the offender's health and safety and whether the assignment would present any security or management problems. There were zero transgender or intersex offenders at the facility during the on-site portion of the audit and as such no interviews were conducted. There were zero transgender or intersex offenders at the facility. The facility receives offenders from the MDOC. The facility also reviews all housing on a case-by-case via a form.

115.42 (d): 20-14-01, page 17 states placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to safety experienced by the offender. The PCM and staff responsible for the risk screening advised that transgender and intersex offenders are reviewed biannually. There were zero transgender or intersex offenders at the facility during the previous twelve month.

115.42 (e): 20-14-01, page 17 states a transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration. The PC and staff responsible for the risk screening confirmed that transgender and intersex offenders' views with respect to their safety are given serious consideration. There were zero transgender or intersex offenders at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (f): 20-14-01, page 17 states transgender and intersex offenders shall be given the opportunity to shower separately from other offenders. During the tour the auditor observed showers provided privacy through curtains and/or saloon style barriers. The PC and the staff responsible for risk screening confirmed that transgender and intersex offenders are afforded the opportunity to shower separately. The PC advised the offender would be taken to the lockdown area to shower in private. There were zero transgender or intersex offenders at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (g): 20-14-01, page 17 states the agency shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders. The interview with the PC confirmed that the agency is not subject to a consent decree

and that there is not a dedicated facility for LGBTI offenders. He advised they house all offenders based on work, specialized duties and criteria and all offenders, including LGBTI would be housed based on these factors. Interviews with two LGB offenders indicated neither felt that the facility places LGBTI offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. A review of housing assignments for LGB offenders confirmed they were housed in different housing units at the facility, confirming that LGBTI offenders were not placed in one dedicated unit or wing.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, LGB Housing Assignments, LGB offender housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGB offenders, this standard appears to require corrective action.

The facility did not have a way to track high risk victims and high risk abusers. The interview with the PC indicated transgender and intersex offender housing and program assignments are based on their birth sex or birth certificate.

Corrective Action

The facility will need to develop a tracking mechanism for high risk victims and high risk abusers to ensure the goal is to keep them separate in housing, work, program and education assignments. Training with applicable staff with the use of the risk screening information and the tracking mechanism will need to be provided. A copy of the tracking mechanism with high risk victim and high risk abuser assignments will need to be provided. Further, the agency will need to develop a process for determining case-by-case housing for transgender and intersex offenders. Training with staff on the process and confirmation of the process will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Offender Risk Screening Documents

2. High Risk Victim and High Risk Abuser Lists
3. Department of Justice (DOJ) Memorandum Dated December 2, 2025

Additional Interviews:

1. Interviews with Staff Responsible for Risk Screening

The facility provided over 55 risk screening documents using the new risk screening tool. Of the current offenders and those who arrived during the corrective action period there were two offenders who scored high risk for victimization. Documentation was provided showing the high risk scores entered into Jail Tracker. The facility provided the assignments for the two offender at high risk of victimization and confirmed they were housed case-by-case with the goal of keeping them separate from any high risk abusers.

The auditor conducted a phone interview with the PC, who is conducting risk screenings and determining assignments for offenders. The PC advised the risk screening form is scanned into the database and alerts are entered into the database for any offender who scored as a high risk victim or high risk abuser. The PC advised anyone who scores at high risk of victimization will be placed in a specific zone of the facility near the officer’s viewpoint. He noted high risk abusers would be placed in a different building of the facility.

Pursuant to the direction provided in the DOJ memo instructing auditors to pause from making compliance determinations for PREA standard 115.42 provisions (c) through (f). Per the DOJ memo, all corrective action related to these provisions are not applicable.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003
3. Segregated Housing Rosters

Interviews:

1. Interview with the Warden
2. Interview with Staff Who Supervise Offenders in Segregated Housing

Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ noted that there were zero offenders at high risk of victimization that were placed in involuntary segregated housing in the past twelve months. 20-14-01, page 18 states offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless a n assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment. The interview with the Warden indicated agency policy prohibits placing offenders at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation form likely abusers. A review of documentation noted there was one offender housed in segregated housing. That offender was not identified as high risk based on the current risk screening tool.

115.43 (b): 20-14-01, page 18 states offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities

to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. During the tour the auditor observed the segregated housing areas, which included two wings of the building. The segregated housing area contained only cells and showers. Offenders in segregated housing are offered recreation daily, showers three times a week, and phone access three times a week. Mail and grievances are picked up daily by staff. The interview with staff who supervise offenders in segregated housing indicated offenders at high risk of sexual victimization who are involuntary segregated would have access to programs, privileges, education and work opportunities to the extent possible. The staff stated they typically do not place offender at high risk of victimization in segregated housing. The staff confirmed any restrictions would be documented. There were no offenders identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): 20-14-01, page 18 states the facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ indicated there were zero offenders at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden confirmed that offenders would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated alternative housing is typically found immediately and that they can move offenders immediately through MDOC. The interview with the staff who supervise offenders in segregated housing indicated that offenders would only be placed in involuntary segregated housing until they could find an alternative means of separation. Staff advised they can find alternative housing typically the same day. There were no offenders identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): 20-14-01, page 18 states if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the offender's safety; and (2) The reason why no alternative means of separation can be arranged. The PAQ indicated there were zero offenders at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the offender's safety and the reason why alternative means of separation could not be arranged. A review of documentation noted there was one offender housed in segregated housing. That offender was not identified as high risk based on the current risk screening tool.

115.43 (e): 20-14-01, page 18 states every 30 days, the facility shall afford each such

	<p>offender a review to determine whether there is a continuing need for separation from the general population. The PAQ indicate that if an offender was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the offender to be separated from the general population. The interview with the staff who supervise offenders in segregated housing confirmed that offenders would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. Staff advised they conduct reviews every seven days.</p> <p>Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, Segregated Housing Rosters, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise offenders in segregated housing, this standard appears to be compliant.</p>
--	--

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003 3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 4. Marion County Regional Correctional Facility Policy 12.06 - Grievance Procedures 5. PREA Intake Agreement (PREA Form, PREA Agreement, Treatment Options Form, PREA 2003 Form) 6. Inmate Handbook 7. Comprehensive PREA Education 8. PREA Brochure 9. Prison Sexual Assault Poster (MSCASA Poster) 10. MDOC PREA Tips Line Poster (MDOC Poster)

11. No Means No Poster
12. PREA Statement
13. Employee Handbook
14. Employee Confidentiality Agreement

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Offenders
3. Interview with the PREA Coordinator

Site Review Observations:

1. Observation of Posted PREA Reporting Information
2. Testing of Internal Reporting Mechanism
3. Testing of the External Reporting Entity

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for offenders to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. 12.04.01, page 2 states if an offender is being pressured by another offender for money, property, or sexual favors, the offender should immediately contact the Unit Case Manager, Facility Administrator, or any staff member with whom they feel comfortable. 20-14-01, page 18 states the agency shall provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Page 19 states the PREA Tip Line is a free confidential way for offenders/residents to report sexual assault and sexual misconduct allegations. The tip line can be accessed by the offender/resident lifting the handset, selecting language preference, entering the tip line number and leaving a two (2) minute recorded voice message. A teletypewriter (TTY) phone is

available for hearing impaired offenders. A review of the Inmate Handbook noted that offenders are advised to report to staff. A review of the Intake PREA Agreement indicates it advises of the zero tolerance policy as well as directs offenders to report immediately to the Case Manager, Facility Administrator or any staff with whom they feel comfortable. A review of the MSCASA notes that it includes contact information for MSCASA (phone number and mailing address). The MSCASA Poster advises that to report sexual abuse they can contact MSCASA. A review of the MDOC PREA Tips Line Poster illustrates that offenders are provided a speed dial number (6500) to call. It should be noted this number does not go to MDOC but rather MSCASA. The auditor observed PREA information posted throughout the facility via the Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster) and No Means No Poster. The MSCASA Poster and MDOC Poster were in English and Spanish and were oversized (24x36). The No Means No Poster was in English and Spanish on letter size paper. The auditor also reviewed the kiosk and observed that it included the PREA Statement, PREA Acknowledgment, the Handbook and the PREA What You Need to Know video. Documents were in English. It should be noted that information on all posters and documents was inaccurate and required updates. The auditor tested the internal reporting mechanism during the tour. The auditor submitted a written request on the kiosk. The auditor had an offender assist with completing the PREA request on the kiosk. The offender logged in and went to the request section. The offender selected PREA from the request options. The auditor submitted the request on October 7, 2025. Confirmation was provided on the same date that the request was received. The auditor observed that the request was sent to medical, the PC and the Chief. Immediately following the test submission, medical staff contacted the PC and Chief to ensure it was a test and that they did not need to provide services to the offender. It should be noted the auditor observed that offenders can submit a PREA request and a PREA grievance through the kiosk. Both areas on the kiosk provide the option to submit information related to PREA. Interviews with 26 offenders confirmed that all 26 were aware of at least one method to report sexual abuse and sexual harassment. Offenders stated they would report through the hotline number, via a grievance or through the kiosk/tablet. Interviews with random staff indicated offenders can report to staff or through the hotline number. After the on-site portion of the audit the facility updated posted and distributed documentation. The Handbook was updated to outline the numerous reporting methods, including: to any staff member, volunteer or contractor; by submitting a request or grievance via the tablet; by telling a friend or family member; and through the external reporting entity (MSCASA). The PREA Intake Agreement documents were updated and combined into one document, the PREA Comprehensive Education document. This document outlines how to report, including those outlined in the Handbook. The facility provided the PREA Brochure, that will be provided to offenders at intake. The PREA Brochure includes information on reporting mechanisms as well. The facility provided the updated MSCASA Poster and MDOC Poster. Photos of the updated posters displayed around the facility were provided.

115.51 (b): The PAQ stated that the agency provides at least one way for offenders to

report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house offenders solely for civil immigration purposes. 20-14-01, page 18 states the agency shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. A review of the Intake PREA Agreement and Handbook noted they do not have any external reporting information. A review of the MSCASA Poster notes that it includes contact information for MSCASA (phone number and mailing address). The MSCASA Poster advises that to report sexual abuse they can contact MSCASA. A review of the MDOC PREA Tips Line Poster illustrates that offenders are provided a speed dial number (6500) to call. It should be noted this number does not go to MDOC but rather MSCASA. It should be noted that the auditor confirmed the MSCASA could serve as the external reporting entity. The organization does not receive funding that prohibits them from reporting. Additionally, MSCASA previously worked with JDI and the PRC to ensure they could serve in a reporting capacity. The auditor observed PREA information posted throughout the facility via the Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster) and No Means No Poster. The MSCASA Poster and MDOC Poster were in English and Spanish and were oversized (24x36). The No Means No Poster was in English and Spanish on letter size paper. The auditor also reviewed the kiosk and observed that it included the PREA Statement, PREA Acknowledgment, the Handbook and the PREA What You Need to Know video. Documents were in English. It should be noted that information on all posters and documents was inaccurate and required updates. The auditor also tested the external reporting mechanism by calling the 6500 speed dial. The auditor had an offender assist with calling the number. The offender was not required to enter a pin or any other identifying information. The auditor reached a staff member with MSCASA. The staff advised if the staff who handles PREA was working she would speak to the offender and take the report. The staff advise that the individual who handles PREA for the organization was not currently available so they would take the report from the offender over the phone. The information would be forwarded to the PREA staff for MSCASA. The staff confirmed information would remain confidential from there and that offender can remain anonymous. The auditor confirmed with the PREA staff for MSCASA that she would receive the information and forward it back to the facility for them to investigate. The interview with the PCM noted that offenders can report externally to MDOC or MSCASA. He advised offenders can call the numbers free of charge. He advised if they report to MDOC, MDOC would forward the information back to the facility. He advised with regard to MSCASA he did not believe they provided the allegations back to the facility as they are not mandatory reporters. Interviews with 26 offenders indicated 24 were aware of the number to MSCASA and fourteen knew they could anonymously report. After the on-site portion of the audit the facility updated posted and distributed documentation. The Handbook was updated to outline the external reporting entity (MSCASA). The Handbook outlined that reports can be made through the 6500 hotline or in writing to the PO Box. The

Handbook advises that calls are not monitored and mail is treated as legal mail. It also advises that offenders can remain anonymous when reporting by not providing their name or other information. The Handbook also provides detailed information outlining the distinction between external reporting and emotional support services, as MSCASA provides both services. It advises offenders that MSCASA requires that they provide verbal consent in order for staff to report the information back to the facility for investigation. The PREA Intake Agreement documents were updated and combined into one document, the PREA Comprehensive Education document. This document outlines how to report, including those outlined in the Handbook. The facility provided the PREA Brochure, that will be provided to offenders at intake. The PREA Brochure includes information on reporting mechanisms as well. The facility provided the updated MSCASA Poster and MDOC Poster, which outlined MSCASA as the external reporting entity, the ability to remain anonymous and information that outlined using MSCASA for external reporting and for emotional support services. Photos of the updated posters displayed around the facility were provided. Photos were also provided confirming the updated documents were added to the tablet/kiosk system.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 12.04.01, page 3 states when an allegation or rape or sexual assault is made, the staff member who is made aware of the assault should notify the Facility Administrator immediately. An Incident Report, Extraordinary Occurrence form and PREA Offender Referral form will be completed. The Offender will be instructed by staff to complete an emergency request for administrative remedy. 20-14-01, page 18 states staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. During the tour, the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they complete a handwritten report via an incident report. The incident report would be submitted to the supervisor. Interviews with 26 offenders indicate all 26 knew they could report verbally and/or in writing to staff and 20 knew they could report through a third party. Interviews with twelve staff indicated that offenders can report verbally, in writing, anonymously and through a third party. The staff stated if an offender reported verbally they would document the information in an incident report immediately. There were zero allegations reported during the previous twelve months.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of offenders. The PAQ notes staff are informed of these procedures through the officer handbook. 20-14-01, page 18 states the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders. Interviews with twelve staff indicated seven were aware that they could privately report sexual abuse of an offender outside their

	<p>chain of command.</p> <p>Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Marion County Regional Correctional Facility Policy 12.06 – Grievance Procedures, PREA Intake Agreement, Inmate Handbook, Comprehensive PREA Education, PREA Brochure, Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster), Marion County Regional Correctional Facility PREA Statement, Employee Handbook, Employee Confidentiality Agreement, observations during the tour, information from interviews with the PC, random offenders and random staff, this standard appears to be corrected and as such compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends the facility provide staff with training on methods to privately report sexual abuse and sexual harassment of an offender.</p>
--	--

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12-06 – Grievance Procedures 3. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003 4. Grievance Log <p>Findings (By Provision):</p> <p>115.52 (a): 12-06 is the agency policy related to grievance procedures for offenders. 20-14-01 describes MDOC policy related to administrative remedies. The PAQ</p>

indicated that the agency is not exempt from this standard.

115.52 (b): The PAQ indicated that agency policy or procedure allows an offender to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that offenders are required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 12.06, page 2 states offenders are encouraged to seek solutions to their concerns through informal means, but in order to ensure their right to use the formal procedure, they must make their request to the Facility Administrator within a 30 day period after an incident has occurred. 20-14-01, pages 20 states the agency shall not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

115.52 (c): The PAQ stated that agency policy and procedure allow an offender to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an offender grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 12.06, page 1 states if an offender registers a complaint against a staff member, that employee shall not play a part in making a decision on the request. 20-14-01, page 20 states the agency shall ensure that an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.

115.52 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated that there were zero sexual abuse grievances filed in the previous twelve months and all thirteen had a response within 90 days. The PAQ further indicates that the agency always notifies an offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. 12.06, page 4 states the Legal Claims Adjudicator's office will send notice to the offender via Form ARP-1 that his request is either being processed or is being rejected as per the screening policy. The First Step respondent will respond to the offender within 40 days from the date the request is referred to the first level respondent. The Second Step, Facility Administrator's review, has a 45 day time limit. 20-14-01, page 20 states the agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by offenders in preparing any

administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the offender in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. The auditor reviewed the PREA informal and formal grievance log and confirmed there were zero grievances of sexual abuse or sexual harassment.

115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of offenders. The PAQ further indicated that agency policy and procedure requires that if an offender declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the offender's decision to decline. 20-14-01, pages 20-21 state third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision. The PAQ stated that there were zero grievances alleging sexual abuse by offenders in the past twelve months in which the offender declined third-party assistance and which contained documentation of the offender's decision to decline. The auditor reviewed the PREA informal and formal grievance log and confirmed there were zero grievances of sexual abuse or sexual harassment.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 12.06, page 5 states an offender may obtain immediate medical attention by declaring himself a medical emergency. Also, if an offender fears for his personal safety, he may ask that he be placed in lockdown as a protection case. For situations

other than the above, if an offender feels he is subjected to emergency conditions he shall send an emergency request to the Shift Supervisor. The Shift Supervisor shall immediately forward the request to the level at which corrective action can be taken. All emergency requests shall be documented on an unusual incident report and filed in the offender's facility file. 20-14-01, page 21 states the agency shall establish procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ stated there were zero emergency grievance alleging substantial risk of imminent sexual abuse in the previous twelve months. The auditor reviewed the PREA informal and formal grievance log and confirmed there were zero grievances of sexual abuse or sexual harassment.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an offender for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the offender filed the grievance in bad faith. 12.06, page 4 states no action shall be taken against an offender for the good faith use of or good faith participation in the procedure. Reprisals of any nature are prohibited. Inmates are entitled to pursue, through grievance procedure, a complaint that a reprisal occurred. 20-14-01, page 21 states the agency may discipline an offender for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the offender filed the grievance in bad faith. The PAQ indicated that zero offenders were disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12-06 - Grievance Procedures, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 and the Grievance Log, this standard appears to be compliant.

Recommendation

The auditor highly recommends the facility update policy to align with the standards. Additionally, the auditor highly recommends that information related to the grievance process for sexual abuse allegations be added to the Handbook.

115.53**Inmate access to outside confidential support services**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003
3. Memorandum of Understanding with Mississippi Coalition Against Sexual Abuse (MCASA)
4. PREA Intake Agreement (PREA Form, PREA Agreement, Treatment Options Form, PREA 2003 Form)
5. Inmate Handbook
6. Comprehensive PREA Education
7. PREA Brochure
8. Prison Sexual Assault Poster (MSCASA Poster)
9. MDOC PREA Tips Line Poster (MDOC Poster)
10. PREA Statement
11. PREA Comprehensive Education

Interviews:

1. Interviews with Random Offenders
2. Interviews with Offenders who Reported Sexual Abuse

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides offenders with access to

outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides offenders with access to such services by giving offenders mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides offenders with access to such services by enabling reasonable communication between offenders and these organizations in a confidential a manner as possible. The PAQ stated that the facility does not hold individuals strictly for immigration purposes. 20-14-01, page 21 states the facility shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in a s confidential a manner as possible. The Handbook and PREA Intake Agreement did not have any information on emotional support services. A review of the MSCASA Poster notes that it includes contact information for MSCASA (phone number and mailing address). The poster outlines that MSCASA can provide support. The poster advises that to report sexual abuse they can contact MSCASA. The auditor observed PREA information posted throughout the facility via the Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster) and No Means No Poster. The MSCASA Poster and MDOC Poster were in English and Spanish and were oversized (24x36). The No Means No Poster was in English and Spanish on letter size paper. The auditor also reviewed the kiosk and observed that it included the PREA Statement, PREA Acknowledgment, the Handbook and the PREA What You Need to Know video. Documents were in English. It should be noted that information on all posters and documents was inaccurate and required updates. The auditor tested access to emotional support services. The auditor had an offender assist with calling the 6500 speed dial. The offender dialed 1 for English and the 6500 speed dial. The offender was not required to enter a pin number. The auditor reached MSCASA staff that advised that if an offender wanted emotional support services they would complete a services form and forward the information to their PREA staff at MSCASA. The PREA staff would then set up the emotional support services. Interviews with 26 offenders indicated four were aware of outside victim advocacy services and eight were provided a phone number and mailing address to MSCASA. After the on-site portion of the audit the facility updated posted and distributed documentation. The Handbook was updated to include the phone number (6500 speed dial) and mailing address for MSCASA. The Handbook also provides detailed information outlining the distinction between external reporting and emotional support services, as MSCASA provides both services. It states "Please note MSCASA serves as the external reporting entity as well as provides victim advocacy services. The MSCASA staff will ask if you are calling to report or if you would like victim advocacy services. If you are calling for victim advocacy services, all information provided will remain confidential. All services provided by MSCASA are free. Victim advocacy services are available to anyone who has experienced sexual abuser, regardless of where and when it occurred." The PREA Intake Agreement documents were updated and combined into one document, the PREA Comprehensive Education document. This document outlines emotional support

services, including those outlined in the Handbook. The facility provided the PREA Brochure, that will be provided to offenders at intake. The PREA Brochure includes information on emotional support services as well. The facility provided the updated MSCASA Poster and MDOC Poster, which outlined MSCASA for emotional support services. The posters were updated to differentiate victim advocacy service and external reporting through MSCASA. Photos of the updated posters displayed around the facility were provided. Photos were also provided confirming the updated documents were added to the tablet/kiosk system.

115.53 (b): The PAQ indicated that the facility informs offenders, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs offenders, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. 20-14-01, page 21 states the facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Handbook and PREA Intake Agreement did not have any information on emotional support services. A review of the MSCASA Poster notes that it includes contact information for MSCASA (phone number and mailing address). The poster outlines that MSCASA can provide support. The poster advises that to report sexual abuse they can contact MSCASA. The auditor observed PREA information posted throughout the facility via the Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster) and No Means No Poster. The MSCASA Poster and MDOC Poster were in English and Spanish and were oversized (24x36). The No Means No Poster was in English and Spanish on letter size paper. The auditor also reviewed the kiosk and observed that it included the PREA Statement, PREA Acknowledgment, the Handbook and the PREA What You Need to Know video. Documents were in English. It should be noted that information on all posters and documents was inaccurate and required updates.

During the tour the auditor observed that offenders are able to place outgoing mail in any of the locked boxes in the housing units. None of the boxes were specific to sexual abuse or sexual harassment allegations or information. The mailroom staff advised that they do not accept personal mail at the facility. All personal mail is sent to a processing center in Florida. The mail is then scanned and sent electronically. Staff review the electronic mail prior to it being released to the offender on the tablet/kiosk. Legal mail does come to the facility and it is not opened. Mailroom staff log the legal mail and it is provided to a staff member who has the offender open the mail in front of them. The legal mail is then copied and the offender gets the copy. The original is held for retention and then shredded. Legal mail is not reviewed by staff. All outgoing mail is sent out of the facility without being reviewed, unless there is a reason identified for review (i.e. security threat). The mailroom staff advised that mail to/from the Mississippi Coalition Against Sexual Assault (MSCASA) would be privileged (legal). Interviews with 26 offenders indicated four were aware of outside victim

advocacy services and eight were provided a phone number and mailing address to MSCASA. After the on-site portion of the audit the facility updated posted and distributed documentation. The Handbook was updated to include the phone number (6500 speed dial) and mailing address for MSCASA. The Handbook also provides detailed information outlining the distinction between external reporting and emotional support services, as MSCASA provides both services. It states "Please note MSCASA serves as the external reporting entity as well as provides victim advocacy services. The MSCASA staff will ask if you are calling to report or if you would like victim advocacy services. If you are calling for victim advocacy services, all information provided will remain confidential. All services provided by MSCASA are free. Victim advocacy services are available to anyone who has experienced sexual abuser, regardless of where and when it occurred." The PREA Intake Agreement documents were updated and combined into one document, the PREA Comprehensive Education document. This document outlines emotional support services, including those outlined in the Handbook. The facility provided the PREA Brochure, that will be provided to offenders at intake. The PREA Brochure includes information on emotional support services as well. The facility provided the updated MSCASA Poster and MDOC Poster, which outlined MSCASA for emotional support services. The posters were updated to differentiate victim advocacy service and external reporting through MSCASA. Photos of the updated posters displayed around the facility were provided. Photos were also provided confirming the updated documents were added to the tablet/kiosk system.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide offenders with emotional support services related to sexual abuse. The PAQ also indicated that the facility maintains copies of the agreement. 20-14-01, page 21 states the agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The facility utilizes a Memorandum of Understanding between the Mississippi Department of Corrections and the Mississippi Coalition Against Sexual Assault, which was signed on October 1, 2023. The MOU states that MDOC will provide all MDOC offenders/residents with contact information for MSCASA and provide reasonable confidential communication between offenders and MSCASA for the purpose of providing confidential emotional support services to offenders who seek their services related to sexual abuse upon request. (This is not based upon a PREA incident being filed). It advises that MSCASA agrees to respond to calls from offenders to the toll free hotline number, as well as written correspondence. Provide follow-up services and crisis intervention to victims (offenders/residents) of sexual assault, as resources allow.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Memorandum of Understanding with Mississippi

	<p>Coalition Against Sexual Abuse (MCASA), PREA Intake Agreement, Inmate Handbook, Comprehensive PREA Education, PREA Brochure, Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster), Marion County Regional Correctional Facility PREA Statement, Comprehensive PREA Education, observation during the tour and interviews with random offenders, this standard appears to be corrected and as such compliant.</p>
--	---

115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 3. Prison Sexual Assault Poster (MSCASA Poster) 4. MDOC PREA Tips Line Poster (MDOC Poster) <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an offender. 20-14-01, page 22 states the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an offender. A review of documentation noted that there were no agency/facility specific third party reporting methods outlined, but rather MDOC methods. Additionally, a review of the website noted that it did not contain any information on PREA, including methods for third parties to report sexual abuse and sexual harassment of offenders. The auditor observed the MSCASA Poster and MDOC Poster in visitation and the front entrance. Neither of these posters have third party reporting information for the agency, but rather have information for offenders to report, including to the external reporting entity, which is not third party reporting for the agency. The auditor was unable to test the third party reporting mechanism as the agency does not currently have a method for third party reporting.</p>

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Prison Sexual Assault Poster (MSCASA Poster), MDOC PREA Tips Line Poster (MDOC Poster), and the agency’s website, and the functional test, this standard appears to require corrective action. A review of documentation noted that there were no agency/facility specific third party reporting methods outlined, but rather MDOC methods. Additionally, a review of the website noted that it did not contain any information on PREA, including methods for third parties to report sexual abuse and sexual harassment of offenders. The auditor observed the MSCASA Poster and MDOC Poster in visitation and the front entrance. Neither of these posters have third party reporting information for the agency, but rather have information for offenders to report, including to the external reporting entity, which is not third party reporting for the agency. The auditor was unable to test the third party reporting mechanism as the agency does not currently have a method for third party reporting.

Corrective Action

The facility will need to develop a method for third parties to report to the agency (Marion County Regional Correctional Facility). This information will need to be posted on the website as well as at the front entrance of the facility and in visitation. Photos of the posted information will need to be provided. The auditor will need to test the third party reporting mechanism to confirm functionality.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Third Party Reporting Poster
2. Photos of Poster
3. Agency Website

The facility developed a Third Party Reporting Poster that instructed individuals to report sexual abuse via phone, email or mailing address to the agency. The facility

	<p>provided photos of the Third Party Reporting Poster displayed at the front entrance and in the visitation area.</p> <p>The facility provided the link to the new agency website. A review of the website noted third parties were instructed to report sexual abuse by phone, email or physical mail. All contact information was displayed on the website. The auditor tested the third party reporting mechanism by sending an email to the email address provided on the website. An email was sent on March 23, 2026. Confirmation was provided on March 27, 2026 that the information was received by the PREA Coordinator and would be handled appropriately if a third party reported sexual abuse.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003 3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interviews with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p>Findings (By Provision):</p>

115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against offenders or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 12.04.01, page 2 states staff will take seriously all statements from offender that they have been the victim of sexual assault and will immediately notify the Facility Administrator, and the Nurse. Page 3 states when an allegation or rape or sexual assault is made, the staff member who is made aware of the assault should notify the Facility Administrator immediately. 20-14-01 page 22 states the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Page 23 states when an allegation of rape or sexual assault is made, the staff member who is made aware of the assault should notify the appropriate Unit Administrator immediately. An Incident Report, Extraordinary Occurrence Report (EOR) and PREA Offender Referral form will be completed by the end of the reporting officer's shift. Staff at state, private, and regional facilities will generate all Extraordinary Occurrence Reports (EOR) and PREA Referral Forms on Offendertrak and forward through the chain of command. Interviews with twelve staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. 12.04.01, page 2 states staff will take seriously all statements from offender that they have been the victim of sexual assault and will immediately notify the Facility Administrator, and the Nurse. Page 3 states when an allegation or rape or sexual assault is made, the staff member who is made aware of the assault should notify the Facility Administrator immediately. 20-14-01 page 22 states apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Interviews with twelve staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of

responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would report the information to the supervisor, PC and/or the Chief of Security.

115.61 (c): 20-14-01 page 22 states unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at

the initiation of services. Interviews with medical staff indicated they do not disclose limitations of confidentiality and their duty to report until after the information is disclosed. The medical staff stated she is required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. She advised she had not become aware of such information. There were zero sexual abuse or sexual harassment allegations reported during the previous twelve months.

115.61 (d): 20-14-01 page 22 states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The interview with the PREA Coordinator and Warden indicated their contract does not allow them to house those populations and as such they would never house anyone who is under eighteen or a vulnerable adult.

115.61 (e): 20-14-01 page 22 states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The interview with the Warden confirmed that all allegations of sexual abuse and sexual harassment are reported to the designated facility investigators. There were zero sexual abuse or sexual harassment allegations reported during the previous twelve months.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden, this standard appears to require corrective action. Interviews with medical staff indicated they do not disclose limitations of confidentiality and their duty to report until after the information is disclosed.

Corrective Action

The facility will need to ensure that medical staff disclose limitations of confidentiality and their duty to report. The facility will need to provide confirmation of this process.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training

Training was conducted with medical staff on limitations of confidentiality and duty to report. The facility provided confirmation of the completed training

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 <p>Interviews:</p> <ol style="list-style-type: none">1. Interview with the Agency Head Designee2. Interview with the Warden

	<p>3. Interviews with Random Staff</p> <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ was blank but further communication with the PC indicated that when the agency or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 20-14-01, page 23 states when a n agency learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender. Offenders within the MDOC are protected from harm in accordance to policy and procedures set forth by the department (20.05 Protection from Harm). The PAQ stated that there were zero determinations made in the past twelve months that an offender was at substantial risk of imminent sexual abuse. The Agency Head Designee and Warden indicated that when the agency learns that an offender is subject to substantial risk of imminent sexual abuse the first thing they do is separate them from the potential harm/threats. The Warden advised that may include sending one of the offenders back to MDOC. Interviews with random staff indicated if an offender was at imminent risk of sexual abuse they would protect the offender and move them from the area. A review of documentation confirmed there were zero offenders determined to be at imminent risk of sexual abuse.</p> <p>Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, and information from interviews with the Agency Head Designee, Warden and random staff, this standard appears to be compliant.</p>
--	--

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 3. Risk Screening Documents

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 20-14-01, page 24 states upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The PAQ stated there were zero allegations received that an offender was abused while confined at another facility. A review of documentation confirmed there were zero offenders who reported sexual abuse that occurred at another facility.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. 20-14-01, page 24 states upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 20-14-01, page 24 states upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification.

	<p>115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 20-14-01, page 24 states the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The PAQ stated there were zero allegations reported to the facility from another facility in the previous twelve months. The Agency Head Designee and Warden stated when another agency has an allegation, they reach out to him or the investigator. The agency would follow-up with the offender who reported the information to get information and timeline. They would conduct a full investigation. The Warden advised they have not received any allegations through a notification from another agency/facility. A review of documentation noted there were zero allegations reported during the previous twelve months.</p> <p>Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, Risk Screening Documents and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.</p>
--	--

115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 3. PREA Incident Response Checklist <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with First Responders 2. Interviews with Random Staff <p>Findings (By Provision):</p>

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The PAQ stated there were zero allegations of sexual abuse in the previous twelve months and as such no first responder duties. 20-14-01, page 24 states upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The PREA Incident Response Checklist outlines duties for first responders and the shift supervisor, including those under this standard. The security first responder advised he would remove the offender from contact with the abuser, he would contact the nurse, he would advise the offender not to shower or do anything to destroy evidence, he would notify the Sergeant and he would tape off the crime scene. The non-security first responder stated she would contact security immediately and advise them not to shower, bath, change clothes, brush their teeth, etc. so they can preserve evidence to send them to the hospital. There were zero offenders who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted. A review of documentation noted there were zero allegations of sexual abuse reported during the previous twelve months.

115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. 20-14-01, page 24 states if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ

stated there were zero allegations of sexual abuse that involved a non-security staff first responder. The security first responder advised he would remove the offender from contact with the abuser, he would contact the nurse, he would advise the offender not to shower or do anything to destroy evidence, he would notify the Sergeant and he would tape off the crime scene. The non-security first responder stated she would contact security immediately and advise them not to shower, bath, change clothes, brush their teeth, etc. so they can preserve evidence to send them to the hospital. Interviews with twelve random staff indicated they were aware of first responder duties. A review of documentation noted there were zero allegations of sexual abuse reported during the previous twelve months.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, PREA Incident Response Checklist and interviews with random staff and first responders, this standard appears to be compliant.

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003
3. PREA Incident Response Checklist

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. 20-14-01, page 25 states The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual

	<p>abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PREA Incident Response Checklists outlines duties for first responders, shift supervisor, medical, SART and the PREA Coordinator. The Warden confirmed that the facility has plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p>Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, PREA Incident Response Checklist and information from the interview with the Warden, this standard appears to be compliant.</p>
--	--

115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ was blank but further communication with the PC indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head Designee confirmed that the agency has not entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p>

Based on a review of the PAQ and the interview with the Agency Head Designee, this standard appears to be not applicable and as such compliant.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003
3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003
4. PREA Retaliation, Prevention & Monitoring Form
5. Sexual Abuse Retaliation Monitoring

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. 12.04.01, page 2 states transportation of the offender will be arranged from a potentially serious situation to a safe location. Page 3 states sexual perpetrators will be confined in administrative segregation pending investigation and disciplinary action. 20-14-01, page 26 states the agency shall establish a policy to protect all offenders and staff who sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff,

and shall designate which staff members or departments are charged with monitoring retaliation. The PAQ indicated that the facility has designed staff to monitor for retaliation.

115.67 (b): 20-14-01, page 26 states the agency shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation indicated that protective measures would be taken to prevent/deter retaliation. The Agency Head Designee and Warden stated that confidentiality is key for protection from retaliation. He advised they separate the victim from the aggressor and ensure they are protected and their rights are not violated. He confirmed they can take protective measures including: housing changes, job changes, removal of staff abusers and providing emotional support services. The interview with the staff who monitors for retaliation indicated his role is to ensure the victim and abuser are separated and are housed under camera. He advised they can take protective measures through housing changes and separation from others, including gang member. He confirmed they can take actions such as, housing changes, job changes, removal of staff abusers and providing emotional support services. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. There were zero allegations of sexual abuse reported during the previous twelve months.

115.67 (c): 20-14-01, page 26 states for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ indicated that the agency/facility monitors the conduct or treatment of offenders or staff who reported sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff. The PAQ stated that monitoring is completed for a minimum of 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ noted there were zero incidents of retaliation reported in the previous twelve months. A review the PREA Retaliation, Prevention & Monitoring form notes that it includes checkboxes for staff to mark related to all that apply. These include: reported retaliation, periodic status check conducted, appropriate measures taken to protect

as a result of information from a status check, continuation of checks past the 90 days. The form includes a sentence that notes that an offender's disciplinary reports, housing, or program changes, negative performance reviews or resignations shall be monitored. The form includes a comments section and a signature section for the offender to confirm that a status check was completed by a PREA staff member. The interview with the Warden indicated that if retaliation is suspected or reported they would conduct an investigation. He advised he would make sure they follow-up and there is enhanced separation. The interview with the staff responsible for monitoring for retaliation indicated that monitoring is completed for 90 days. He stated he would monitor as long as necessary, if retaliation was suspected. He further stated when monitoring he looks for signs from all involved. He confirmed he would review housing changes, job changes, program changes, discipline, staff performance reviews and staff post changes. There were zero allegations of sexual abuse reported during the previous twelve months. After the on-site portion of the audit, the facility provided an updated monitoring form, Sexual Abuse Retaliation Monitoring, that they will utilize moving forward. The form includes information on the allegation and person being monitored. The form includes checkboxes for face to face contact, review of program changes, review of disciplinary reports, review of employee evaluations, review of shift change, review of reassignments, review of housing change, review of filed grievances and other. The form also includes a box for comments related to the in-person check and the reviews.

115.67 (d): 20-14-01, page 26 states in the case of offenders, such monitoring shall also include periodic status checks. A review the PREA Retaliation, Prevention & Monitoring form notes that it includes checkboxes for staff to mark related to all that apply. These include: reported retaliation, periodic status check conducted, appropriate measures taken to protect as a result of information from a status check, continuation of checks past the 90 days. The form includes a sentence that notes that an offender's disciplinary reports, housing, or program changes, negative performance reviews or resignations shall be monitored. The form includes a comments section and a signature section for the offender to confirm that a status check was completed by a PREA staff member. The interview with the staff responsible for monitoring retaliation indicated he conduct periodic in-person status checks. He advised he reviews cameras and has them on-cameras 24 hours a day but he would check in with them a few times a day. After the on-site portion of the audit, the facility provided an updated monitoring form, Sexual Abuse Retaliation Monitoring, that they will utilize moving forward. The form includes information on the allegation and person being monitored. The form includes checkboxes for face to face contact, review of program changes, review of disciplinary reports, review of employee evaluations, review of shift change, review of reassignments, review of housing change, review of filed grievances and other. The form also includes a box for comments related to the in-person check and the reviews.

115.67 (e): 20-14-01, page 26 states if any other individual who cooperates with an

investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head Designee and Warden indicated that the agency would take the same protective measures as outlined under provision (b) for anyone who cooperates with an investigation or expresses fear of retaliation.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 -Prison Rape Elimination Act of 2003, PREA Retaliation, Prevention & Monitoring Form, Sexual Abuse Retaliation Monitoring, and interviews with the Agency Head Designee, Warden, and staff charged with monitoring for retaliation, this standard appears be compliant.

Recommendation

The auditor highly recommends the facility conduct a mock sexual abuse incident annually (if there are no allegations), to include monitoring for retaliation.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Offenders in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of offenders who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero offenders who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. 20-14-01, page 26 states any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43. During the tour the auditor observed the segregated housing areas, which included two wings of the building. The segregated housing area contained only cells and showers. Offenders in segregated housing are offered recreation daily, showers three times a week, and phone access three times a week. Mail and grievances are picked up daily by staff. The interview with the Warden indicated that agency policy prohibits placing offenders who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation form likely abusers. The Warden confirmed that offenders would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated alternative housing is typically found immediately and that they can move offenders immediately through MDOC. Further the Warden advised they had not had to involuntarily segregate a victim of sexual abuse during the previous twelve months. The interview with staff who supervise offenders in segregated housing indicated offenders who report sexual abuse who are involuntary segregated would have access to programs, privileges, education and work opportunities to the extent possible. The staff stated they typically do not place offender who report sexual abuse in segregated housing. The staff confirmed any restrictions would be documented. The interview with the staff who supervise offenders in segregated housing indicated that offenders would only be placed in involuntary segregated housing until they could find an alternative means of separation. Staff advised they can find alternative housing typically the same day. The interview with the staff who supervise offenders in segregated housing confirmed that offenders would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. Staff advised they conduct reviews every seven days. There were no offenders identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted. There were zero allegations

of sexual abuse reported during the previous twelve months and as such there were no victims placed in involuntary segregated housing.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, and the interview with the Warden and staff who supervise offenders in segregated housing, this standard appears to be compliant.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003
3. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003
4. Investigator Training Records

Interviews:

1. Interviews with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 20-14-01, page 27 states when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Interviews with investigators indicated that an investigation is initiated once it is determined the allegation meets the definition of sexual abuse or sexual harassment. The criminal investigator advised an

investigation would be initiated no more than twelve hours after an allegation was reported. The investigators confirmed that third party and anonymous reports are investigated the same as first person reports. There were zero allegations during the previous three years.

115.71 (b): 20-14-01, page 14 states specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A review of the PREA Stop Violence Training Curriculum noted it did not include the topics required under this provision. A review of documentation indicated one facility staff member had completed the specialized investigator training. It should be noted that one facility investigator completed multiple trainings, including one through MDOC. The training curriculums for the other training were not provided. The facility investigators were in the process of completing the National Institute of Corrections specialized training.

115.71 (c): 20-14-01, page 27 states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Interviews with investigators indicated initial steps include securing any potential evidence. The administrative investigator advised he would talk to the victim, review video monitoring technology, interview the perpetrator, interview any witnesses, collect any evidence at the scene, work through the rest of the investigative process, review incident reports and validate all the information. The criminal investigator advised his steps include collecting evidence from the crime scene, interviewing those involved, collecting and reviewing any digital evidence, interviewing staff involved and reviewing prior history of those involved. Investigators advised they would be responsible for gathering evidence such as, DNA, video, physical, reports, interviews, messages, phone calls, and prior complaints of the alleged perpetrator. There were zero allegations during the previous twelve months.

115.71 (d): 20-14-01, page 27 states when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Interviews with investigators indicated they do not consult with prosecutors, rather they provide Garrity warning and complete the interviews. There were zero allegations during the previous twelve months.

115.71 (e): 20-14-01, page 27 states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. No agency shall require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews with investigator confirmed that the agency does not require offender victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices in order to proceed with an investigation. Further investigators stated that credibility is based on corroborating evidence. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.71 (f): 20-14-01, page 27 states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Interviews with investigators confirmed administrative investigations are documented in a written report and the report includes: incident reports, retaliation checklist, description of interviews, description of evidence and attachments. There were zero allegations during the previous twelve months.

115.71 (g): 20-14-01, page 27 states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Interviews with investigators confirmed that criminal investigations are documented in a written report and includes information on those involved in the incident, interviews, and evidence. The criminal investigator confirmed the reports include a description of interviews and evidence as well as attachments. There were zero allegations during the previous twelve months.

115.71 (h): 20-14-01, page 27 states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. The PAQ noted there were zero allegations referred for prosecution since the last PREA audit. Interviews with investigators advised they refer for prosecution when the administrative investigations is completed, there is evidence of a crime and there is enough probable cause for it to be submitted for prosecution. There were zero allegations during the previous twelve months.

115.71 (i): 12.04.01, page 4 states all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case

disposition, medical and counseling evaluation findings, and recommendation for post-release treatment and/or counseling are retained in accordance with an established schedule. 20-14-01, page 27 states the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j): 20-14-01, page 27 states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Interviews with investigators confirmed that if a staff member or offender departs the facility the investigation is continued.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 20-14-01, page 27 states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PREA Coordinator and Warden noted that all investigations are completed by the agency. Interviews with investigators indicated all allegations are conducted by agency investigators.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, Investigator Training Records, and information from interviews with the Warden, PREA Coordinator, and investigators, this standard appears to be compliant.

Recommendation

The auditor highly recommends the facility conduct a mock sexual abuse incident annually (if there are no allegations), to include an investigative report.

115.72	Evidentiary standard for administrative investigations
---------------	---

	Auditor Overall Determination: Meets Standard
--	--

	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 20-14-01, page 28 states The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigators confirmed that administrative investigations require no more than a preponderance of evidence to substantiate (51%). There were zero allegations during the previous three years.</p> <p>Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, and information from the interviews with the investigators, this standard appears to be compliant.</p>
--	--

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 3. PREA Incident Briefing

4. Notification of Disposition of Inmate Allegation

5. Notification of Disposition of Staff Allegation

Interviews:

1. Interview with the Warden

2. Interviews with Investigative Staff

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any offenders who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 20-14-01, page 28 states following an investigation into an offender's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PAQ stated there were zero completed sexual abuse investigations in the previous twelve months and as such no notifications. A review of the PREA Incident Briefing noted that it included checkboxes to notate if the investigation was substantiated, unsubstantiated, unfounded or ongoing. The form includes a section for the offender to sign and the PREA Manager to sign. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. Interviews with the Warden and the investigators confirmed that offenders are informed of the outcome of the investigation into their allegation. There were zero allegations during the previous twelve months. After the on-site portion of the audit, the facility provided new victim notification forms that will be utilized moving forward. One form is used for an allegation against an offender. It includes checkboxes for the investigative outcomes as well as checkboxes to notify if the perpetrator was indicated on a charge and/or convicted of a charge. A second form is used for an allegation against a staff member. It includes checkboxes for the investigative outcome as well as checkboxes for if the staff is no longer assigned to the unit, is no longer assigned to the facility, is no longer employed with the agency, has been indicted on a charge or has been convicted on a charge.

115.73 (b): 20-14-01, page 29 states if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender. The PAQ stated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative

entity in order to inform the offender of the outcome of the investigation. The PAQ stated there was zero investigations completed by an outside agency in the previous twelve months. There were zero allegations during the previous twelve months. The agency conducts all criminal and administrative investigations.

115.73 (c): 20-14-01, page 29 states following an offender's allegation that a staff member has committed sexual abuse against the offender, the agency shall subsequently inform the offender (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the offender's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated following an offender's allegation that a staff member has committed sexual abuse against the offender, the agency/facility subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an offender in an agency facility in the previous twelve months. A review of the PREA Incident Briefing noted that it included checkboxes to notate if the staff member is no longer posted in the unit, no longer employed at the facility, been indicted on charges and/or been convicted on charges. The form includes a section for the offender to sign and the PREA Manager to sign. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. There were zero allegations during the previous twelve months. After the on-site portion of the audit, the facility provided a new victim notification form that will be utilized moving forward. The form is used for an allegation against a staff member. It includes checkboxes for the investigative outcome as well as checkboxes for if the staff is no longer assigned to the unit, is no longer assigned to the facility, is no longer employed with the agency, has been indicted on a charge or has been convicted on a charge.

115.73 (d): 20-14-01, page 29 states following an offender's allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated following an offender's allegation that he or she has been sexually abused by another offender in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged

abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of the PREA Incident Briefing noted that it included checkboxes to notate if the offender has been indicted on charges and/or been convicted on charges. The form includes a section for the offender to sign and the PREA Manager to sign. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. There were zero allegations during the previous twelve months. After the on-site portion of the audit, the facility provided a new victim notification form that will be utilized moving forward. The form is for an allegation against an offender. It includes checkboxes for the investigative outcomes as well as checkboxes to notify if the perpetrator was indicated on a charge and/or convicted of a charge.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to offenders described under this standard are documented. The PAQ stated there were zero notifications made pursuant to this standard. 20-14-01, page 29 states all such notifications or attempted notifications shall be documented. A review of the PREA Incident Briefing noted that it included checkboxes to notate the elements under this standard. The form includes a section for the offender to sign and the PREA Manager to sign. There were zero allegations during the previous twelve months. After the on-site portion of the audit, the facility provided new victim notification forms that will be utilized moving forward. One form is used for an allegation against an offender. It includes checkboxes for the investigative outcomes as well as checkboxes to notify if the perpetrator was indicated on a charge and/or convicted of a charge. A second form is used for an allegation against a staff member. It includes checkboxes for the investigative outcome as well as checkboxes for if the staff is no longer assigned to the unit, is no longer assigned to the facility, is no longer employed with the agency, has been indicted on a charge or has been convicted on a charge.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, PREA Incident Briefing, Notification of Disposition of Inmate Allegation, Notification of Disposition of Staff Allegation, Investigative Reports, and information from interviews with the Warden and investigators, this standard appears to be compliant.

The auditor highly recommends the facility conduct a mock sexual abuse incident annually (if there are no allegations), to include victim notification(s).

115.76	Disciplinary sanctions for staff
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <hr/> <p data-bbox="256 340 432 374">Documents:</p> <ol data-bbox="256 412 1458 745" style="list-style-type: none"> <li data-bbox="256 412 667 445">1. Pre-Audit Questionnaire <li data-bbox="256 483 1406 562">2. Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003 <li data-bbox="256 600 1458 678">3. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003 <li data-bbox="256 712 624 745">4. Employee Handbook <p data-bbox="256 853 587 887">Findings (By Provision):</p> <p data-bbox="256 996 1477 1447">115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 12.04.01, page 4 states sexual conduct between staff and offenders, volunteers, or contract personnel and offenders regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. 20-14-01, page 29 states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The Employee Handbook outlines relevant State Statutes, including 97-3-104, crime of sexual activity between certain individuals and offenders incarcerated in correctional facilities or on correctional supervision; sanctions. There were zero allegations during the previous twelve months.</p> <p data-bbox="256 1559 1450 1760">115.76 (b): 20-14-01, page 29 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months. There were zero allegations during the previous twelve months.</p> <p data-bbox="256 1872 1458 2074">115.76 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there</p>

were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. 20-14-01, page 30 states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were zero allegations during the previous twelve months.

115.76 (d): 20-14-01, page 30 states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. The PAQ indicated there were zero staff members who was reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. There were zero allegations during the previous twelve months.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, and Employee Handbook, this standard appears to be compliant.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1563 544 1597">Auditor Discussion</p> <p data-bbox="256 1637 432 1671">Documents:</p> <ol data-bbox="256 1711 1461 1968" style="list-style-type: none"> <li data-bbox="256 1711 668 1744">1. Pre-Audit Questionnaire <li data-bbox="256 1785 1406 1863">2. Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003 <li data-bbox="256 1904 1461 1968">3. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with offenders. 12.04.01, page 4 states sexual conduct between staff and offenders, volunteers, or contract personnel and offenders regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. 20-14-01, page 30 states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there has been zero contractors or volunteers who violated the sexual abuse or sexual harassment policies within the previous twelve months who were reported to law enforcement or relevant licensing bodies. There were zero allegations during the previous twelve months.

115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 20-14-01, page 30 states the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The interview with the Warden indicated that if a volunteer or contractor violates the sexual abuse and/or the sexual harassment policies they would treat it like any other allegation. If it involved any criminal action they may be subject to criminal charges. He also advised they would ensure they did not come back into the facility until cleared by the investigation. He confirmed they can prevent contact with offenders.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, and information from the interview with the Warden, this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003
3. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003
4. Inmate Handbook
5. Sexual Abuse Incident Review

Interviews:

1. Interview with the Warden
2. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ indicated that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an offender engaged in offender-on-offender sexual abuse. 12.04.01, page 3 states the facility will fully investigate all claims of sexual assault and will discipline offenders found guilty of sexual assault to the fullest extent of the law. An incarcerated felon could face a minimum 5 year to 99 year or life sentence due to a prior conviction. The more prior convictions, the higher the possible sentence. Sexual perpetrators will be confined to administrative segregation pending investigation and disciplinary action. Once the investigation is complete, offenders will be reclassified to appropriate housing. 20-14-01, page 31 states offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. The PAQ stated there were zero administrative finding of offender-on-offender sexual abuse and zero criminal findings of offender-on-offender sexual abuse. A review of the sexual abuse incident review form notes that it includes a question that advises if the investigation is sustained, closed by arrest or exceptionally cleared, that the perpetrator was referred for case review or given an Rule Violation Report (RVR). Chapter XI of the Handbook outlines rule violations, including the B13 (abusive,

disrespectful, vulgar, obscene or threatening language, gestures or actions directed toward or about any person), B25 (inappropriate sexual behavior with another person or indecent exposure) and C8 (assaultive action against any person resulting in serious physical injury). There were zero allegations during the previous twelve months.

115.78 (b): 20-14-01, page 31 states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The interview with the Warden confirmed that if an offender perpetrator is found to have violated the sexual abuse or sexual harassment policies they could be subject to criminal charges. He advised they would also receive facility discipline, and sanction can include a loss of good time, loss of trustee status, segregation time, etc. The Warden confirmed that sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

115.78 (c): 20-14-01, page 31 states the disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The interview with the Warden confirmed that the disciplinary process considers whether the offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d): 20-14-01, page 31 states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It further stated the facility considers whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. The interview with the medical staff member indicated that an offender perpetrator would be transferred back to MDOC for mental health services and these services would be provided to anyone requesting mental health. The medical staff stated they do not force mental health services, but if there was a sexual abuse incident they would send the offender back to MDOC where they could refuse the services.

115.78 (e): 20-14-01, page 31 states the agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such

contact. The PAQ indicated that the agency does not disciplines offenders for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Further communication with the PC indicated this was incorrect and they would discipline an offender for sexual abuse with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): 20-14-01, page 31 states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): 20-14-01, page 31 states an agency may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The PAQ indicated that the agency prohibits all sexual activity between offenders. It further indicated that if the agency prohibits all sexual activity between offenders and disciplines offenders for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy 12.04.01 - Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, Inmate Handbook, Sexual Abuse Incident Review, and information from interviews with the Warden and medical staff, this standard appears to be complaint.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1789 544 1823">Auditor Discussion</p> <p data-bbox="256 1868 432 1901">Documents:</p> <ol data-bbox="256 1935 1458 2092" style="list-style-type: none"> <li data-bbox="256 1935 668 1968">1. Pre-Audit Questionnaire <li data-bbox="256 2013 1458 2092">2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003

3. PREA Assessment Screening
4. Classification PREA Risk Assessment
5. Medical/Mental Health Documents

Interviews:

1. Interviews with Staff Responsible for Risk Screening
2. Interviews with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area
2. Observation of Records Storage

Findings (By Provision):

115.81 (a): This provision is not applicable as the facility is not a prison.

115.81 (b): This provision is not applicable as the facility is not a jail.

115.81 (c): 20-14-01, page 32 states if the screening pursuant to § 115.41 indicates that a jail offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The PAQ indicated that all offenders at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ was blank but further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. The PAQ noted that 0% of those offenders who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ stated there have been zero incidents in the previous twelve months. The interview with the staff responsible for the risk screening indicated offenders who disclose prior sexual victimization during the risk screening would be offered a follow-up with medical or mental health care staff and within fourteen days. There were zero offenders identified that disclosed prior sexual

victimization during the risk screening and as such no interviews were conducted. The facility was unable to identify any offenders who reported sexual victimization during the risk screening. The auditor requested documentation for 32 offenders to review related to disclosure and mental health follow-up. Only thirteen documents were provided, however none of the thirteen had disclosed prior sexual victimization. After the on-site portion of the audit the facility developed an objective risk screening tool. The tool included the question related to prior sexual victimization and a follow-up question that asks the offender if they want mental health follow-up services.

115.81 (d): 20-14-01, page 32 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, however it stated that the information is only shared with staff to assist with security and management decisions. Medical and mental health records are electronic. Records are maintained in a separate medical database that is only accessible to healthcare staff. Risk screening information is completed on paper, is scanned into the electronic system and is then destroyed. Records in the electronic system are accessible to the PC, case managers and the Chief. The Chief has to grant access in order for staff to have access to the electronic files. Investigative files are paper. Paper files are maintained by investigators and/or the PC in a locked office.

15.81 (e): 20-14-01, page 32 states medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting unless the offender is under the age of 18. The PAQ was blank but further communication with the PC indicated that medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of eighteen. The interview with the medical staff indicated they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The facility does not house anyone under eighteen.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, PREA Assessment Screening, Classification PREA Risk Assessment, Medical/Mental Health Documents and information from interviews with staff who perform the risk screening, and medical staff, this standard appears to require corrective action. The facility was unable to identify any offenders who reported sexual victimization during the risk screening. The auditor requested

documentation for 32 offenders to review related to disclosure and mental health follow-up. Only thirteen documents were provided, however none of the thirteen had disclosed prior sexual victimization.

Corrective Action

The facility will need to train staff on the process for mental health follow-ups for those who disclose prior sexual victimization during the risk screening via use of the updated risk screening form. Confirmation of the training will need to be provided. The facility will need to provide the list of offenders that arrived during the corrective action period and documentation for all those who disclosed prior sexual victimization, to include their risk screening document and mental health follow-up confirmation.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Risk Screening Form
2. Offender Risk Screenings

Additional Interviews:

1. Interviews with Staff Responsible for Risk Screening

The facility provided the updated risk screening form. The updated risk screening includes a follow-up question related to a mental health follow-up for anyone who discloses prior sexual victimization. Staff would check the yes or no box on the form indicating if the offender wanted the follow-up with mental health.

An sample of risk assessments completed during the corrective action period were

	<p>provided. Two of the offenders disclosed prior sexual victimization during the risk screening. Both were offered the follow-up with mental health and both declined the follow-up.</p> <p>The auditor conducted a phone interview with the PC, who is conducting both initial risk screenings and reassessments. He advised he asks the question related to prior sexual victimization and that if they answer “yes” he offers them a follow-up with mental health. He noted he marks their response on the risk screening form and refers anyone who says “yes” to mental health to be seen within fourteen days.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Marion County Regional Correctional Facility Policy 12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003 3. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003 4. Marion County Regional Correctional Facility Policy 08.24 – Sexual Assault 5. PREA Incident Response Checklist 6. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff 2. Interviews with First Responders <p>Site Review Observations:</p>

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): 20-14-01, page 33 states offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The PAQ indicated that offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 12.04.01, page 3 states victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence as required by the medical provider and/or law enforcement entities. If these procedures are performed in- house, the following guidelines are used. A history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination includes the collection of evidence from the victim, using a kit approved by the appropriate authority. Provision is made for testing of sexually transmitted diseases (i.e., HIV, gonorrhea, hepatitis, and other diseases) and counseling as appropriate. Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up. A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant. 8.24, page 1 states it is the policy of the Marion County Regional Correctional Facility to provide for the medical and psychological needs of offender victims of sexual assault. During the tour the auditor observed the health services area. Health services included one exam room and a hallway with chairs. The interview with medical staff confirmed that offenders receive timely and unimpeded access to emergency medical treatment and crisis intervention service. Staff stated services would be provided immediately at the facility via triage and the offender would be sent out to the hospital. The medical staff confirmed that treatment is based on professional judgement. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of documentation noted that medical and mental health services would be documented secondarily through the medical transport sheet or the PREA Incident Response Checklist. There were zero sexual abuse allegations reported during the previous twelve months.

115.82 (b): 20-14-01, page 33 states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The security first responder advised he would remove the offender from contact with the abuser, he would contact the nurse, he would advise the offender not to shower or do anything to destroy evidence, he would notify the Sergeant and he would tape off the crime scene. The non-security first responder stated she would contact security immediately and advise them not to shower, bath, change clothes, brush their teeth, etc. so they can preserve evidence to send them to the hospital. A review of documentation noted that medical and mental health services would be documented secondarily through the medical transport sheet or the PREA Incident Response Checklist. There were zero sexual abuse allegations reported during the previous twelve months.

115.82 (c): 20-14-01, page 33 states offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 8.24, page 1 states provision is made for testing of sexually transmitted diseases and counseling, as appropriate. Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate. The PAQ indicated that offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. The interview with medical staff confirmed that offender victims of sexual abuse receive information and access to sexually transmitted infection prophylaxis. A review of documentation noted that medical and mental health services would be documented secondarily through the medical transport sheet or the PREA Incident Response Checklist. There were zero sexual abuse allegations reported during the previous twelve months.

115.82 (d): 20-14-01, page 33 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, Marion County Regional Correctional Facility Policy

	<p>12.04.01 – Inmate Rights Prison Rape Elimination Act of 2003, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Marion County Regional Correctional Facility Policy 08.24 – Sexual Assault, PREA Incident Response Checklist, Medical and Mental Health Documents, and information from interviews with medical staff, and first responders, this standard appears to be compliant.</p>
--	---

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003 3. Marion County Regional Correctional Facility Policy 08.24 – Sexual Assault 4. PREA Incident Response Checklist 5. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p> <p>115.83 (a): 20-14-01, page 33 states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. During the tour the auditor observed the health services area. Health</p>

services included one exam room and a hallway with chairs. A review of documentation noted that medical and mental health services would be documented secondarily through the medical transport sheet or the PREA Incident Response Checklist. There were zero sexual abuse allegations reported during the previous twelve months.

115.83 (b): 20-14-01, page 33 states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. The interview with the medical staff member noted that they provide follow-up services, treatment plans and referrals. She advised they transport to the hospital for services. A review of documentation noted that medical and mental health services would be documented secondarily through the medical transport sheet or the PREA Incident Response Checklist. There were zero sexual abuse allegations reported during the previous twelve months.

115.83 (c): 20-14-01, page 33 states the facility shall provide such victims with medical and mental health services consistent with the community level of care. The facility provides access to medical services on-site. Emergency medical service and mental health services are provided off-site in the community. The interview with medical staff confirmed that the services they provide are consistent with the community level of care.

115.83 (d): 20-14-01, page 33 states offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The PAQ indicated this provision does not apply as the facility does not house female offenders.

115.83 (e): 20-14-01, page 33 states if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The PAQ indicated this provision does not apply as the facility does not house female offenders.

115.83 (f): 20-14-01, page 33 states offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. 8.24, page 1 states provision is made for testing of sexually transmitted diseases and counseling, as appropriate. Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate. The PAQ

	<p>indicated that offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of documentation noted that medical and mental health services would be documented secondarily through the medical transport sheet or the PREA Incident Response Checklist. There were zero sexual abuse allegations reported during the previous twelve months.</p> <p>115.83 (g): 20-14-01, page 34 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were zero offenders who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.</p> <p>115.83 (h): 20-14-01, page 34 states all prisons shall attempt to conduct a mental health evaluation of all known offender-on- offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The facility is a jail, but does house MDOC offenders. Based on the facility type this provision does not apply.</p> <p>Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003, Marion County Regional Correctional Facility Policy 08.24 - Sexual Assault, PREA Incident Response Checklist, Medical and Mental Health Documents, observations made during the tour and information from interviews with medical staff, this standard appears to be compliant.</p>
--	--

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003

3. Sexual Abuse Incident Review

4. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with the PREA Coordinator/Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 20-14-01, page 34 states the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PAQ stated there were zero criminal and/or administrative investigation of alleged sexual abuse completed at the facility excluding only unfounded incidents. There were zero sexual abuse allegations reported during the previous twelve months and as such there were no sexual abuse incident reviews.

115.86 (b): 20-14-01, page 34 states such review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ further stated that in the past twelve months there were zero sexual abuse incident review completed within the 30 day timeframe. There were zero sexual abuse allegations reported during the previous twelve months and as such there were no sexual abuse incident reviews.

115.86 (c): 20-14-01, page 34 states the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The interview with the Warden confirmed that the facility has a sexual abuse incident review team and the team includes upper-level management official, line supervisor, investigators

and medical and mental health care staff.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. 20-14-01, pages 34-35 state the review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. A review of the sexual abuse incident review form notes that it has a sections for each element under this provision. The form includes an area to make notes/comments for each question. Interviews with the Warden, PC and sexual abuse incident review team member confirmed that they conduct sexual abuse incident reviews and the reviews include the required elements under this provision. The Warden stated that information from the sexual abuse incident review is utilized to upgrade policies, enhance training, change post orders, and make any other necessary changes. The interview with the PC confirmed that he is part of the sexual abuse incident review team and they have not completed any reviews so he has not noticed any trends. He advised once the report is submitted he would follow-up on any recommendations or make any changes/corrections. There were zero sexual abuse allegations reported during the previous twelve months and as such no sexual abuse incident reviews.

115.86 (e): 20-14-01, page 34 states the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. A review of the sexual abuse incident review form notes that it includes a section for recommendations and well as a section for notes/justification on if recommendations are unable to be implemented.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, Sexual Abuse Incident Review and information from interviews with the Warden, the PC and a member of the sexual abuse incident

	<p>review team, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends the facility conduct a mock sexual abuse incident annually (if there are no allegations), to include a sexual abuse incident review.</p>
--	--

115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003 3. PREA Investigation Log <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 20-14-01, page 35 states the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The facility collects data via the PREA Investigations Log. The agency utilizes definitions of sexual abuse and sexual harassment as outlined under Standard 115.6. The facility has not had an incident of sexual abuse or sexual harassment reported during the previous three years.</p> <p>115.87 (b): 20-14-01, page 35 states the agency shall aggregate the incident-based sexual abuse data at least annually. The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. The facility collects data via the PREA Investigations Log. The agency utilizes definitions of sexual abuse and sexual harassment as outlined under Standard 115.6. The facility has not had an</p>

incident of sexual abuse or sexual harassment reported during the previous three years.

115.87 (c): 20-14-01, page 35 states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility collects data via the PREA Investigations Log. The agency utilizes definitions of sexual abuse and sexual harassment as outlined under Standard 115.6. The facility has not had an incident of sexual abuse or sexual harassment reported during the previous three years.

115.87 (d): 20-14-01, page 35 states the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The facility collects data via the PREA Investigations Log. The agency utilizes definitions of sexual abuse and sexual harassment as outlined under Standard 115.6. The facility has not had an incident of sexual abuse or sexual harassment reported during the previous three years.

115.87 (e): The PAQ indicated that this provision is not applicable as they do not contract with other entities for the confinement of offenders.

115.87 (f): 20-14-01, page 35 states upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The PAQ indicated that the agency provided the Department of Justice with data from the previous calendar year upon request. A review of documentation noted that the DOJ requested this information from the agency, however it was not submitted.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, and PREA Investigations Log, this standard appears to require corrective action. A review of documentation noted that the DOJ requested this information from the agency, however it was not submitted.

	<p>Corrective Action</p> <p>The facility will need to submit the Survey of Sexual Victimization to the DOJ and provide confirmation of submission.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Survey of Sexual Victimization Information <p>The facility provided documentation illustrating they completed the SSV in 2023 and the information was submitted to DOJ. Documentation further illustrated they were not asked for information in 2024.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	---

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 - Prison Rape Elimination Act of 2003 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 20-14-01, page 36 states the agency shall review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing a n annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The interview with the Agency Head Designee indicated that the agency collects sexual abuse and sexual harassment data and the data is utilized to improve things. He confirmed they identify problems areas and take on-going corrective action based on the data. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies. He advised they have not had any allegations or incidents, but it is saved to their electronic database and they fill out a form monthly related to incidents to send to MDOC. The PC advised they would take any corrective action necessary based on the data. The PC advised they have not completed an annual report for the agency as they submit the information to MDOC and MDOC completes the annual report. The facility collects data via the PREA Investigations Log. The facility has not had an incident of sexual abuse or sexual harassment reported during the previous three years. The agency has not completed an annual report.

115.88 (b): 20-14-01, page 36 states such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. The facility collects data via the PREA Investigations Log. The facility has not had an incident of sexual abuse or sexual harassment reported during the previous three years. The agency has not completed an annual report and does not have documentation of comparison date.

115.88 (c): 20-14-01, page 36 states the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The PAQ indicated that the agency makes its

annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. The interview with the Agency Head Designee confirmed that he will approve the annual report that is currently being completed. A review of the website indicated it did not contain an annual report and/or sexual abuse and sexual harassment data.

115.88 (d): 20-14-01, page 36 states the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. The interview with the PC indicated that they have not completed an annual report and as such they have not redacted any information or had a need to redact any information. The agency has not completed an annual report and does not have documentation of comparison date.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, the website and information obtained from interviews with the Agency Head Designee and PC, this standard appears to require corrective action. The PC advised they have not completed an annual report for the agency as they submit the information to MDOC and they complete the annual report. The facility has not had an incident of sexual abuse or sexual harassment reported during the previous three years. The agency has not completed an annual report and does not have documentation of comparison date. A review of the website indicated it did not contain an annual report and/or sexual abuse and sexual harassment data.

Corrective Action

The facility will need to ensure they complete an annual report that includes a comparison of the sexual abuse and sexual harassment data as well as information on problems areas and corrective action. A copy of the most recent annual report will need to be provided. Additionally, the facility will need to post the annual report on the agency website. The auditor will confirm it is available once notified.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. PREA Annual Report <p>The facility completed the PREA Annual Report during the corrective action period. The report included aggregated data that was compared over the previous two years as well as corrective actions taken and continued efforts. The PREA Annual Report was approved by the Agency Head and was uploaded to the new agency website. The auditor confirmed the report was accessible on the website.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. 20-14-01, page 37 states the agency shall</p>

ensure that data collected pursuant to § 115.87 are securely retained. The interview with the PREA Coordinator indicated that data is stored on the electronic database and that the data is securely retained.

115.89 (b): 20-14-01, page 37 states the agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. A review of the website indicated it did not contain an annual report and/or sexual abuse and sexual harassment data.

115.89 (c): 20-14-01, page 37 states before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. A review of the website indicated it did not contain an annual report and/or sexual abuse and sexual harassment data.

115.89 (d): 20-14-01, page 37 states the agency shall maintain sexual abuse data collected pursuant to § 115.87 for a t least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. The auditor requested documentation related to sexual abuse and sexual harassment data. The facility noted they had not had an allegation of sexual abuse or sexual harassment in the previous three years. No additional documentation or information was provided.

Based on a review of the PAQ, Mississippi Department of Corrections Policy 20-14-01 – Prison Rape Elimination Act of 2003, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to require corrective action. A review of the website indicated it did not contain an annual report and/or sexual abuse and sexual harassment data. The auditor requested documentation related to sexual abuse and sexual harassment data. The facility noted they had not had an allegation of sexual abuse or sexual harassment in the previous three years. No additional documentation or information was provided.

Corrective Action

The facility will need to ensure aggregated data is available to the public via their website. The facility will need to post the annual report with the aggregated data on the agency website. The auditor will confirm it is available once notified. The facility will also need to provide a process memorandum that outlines how they will retain data as required under provision (d).

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. PREA Annual Report
2. Memorandum on Data Retention

The facility completed the PREA Annual Report during the corrective action period. The report included aggregated data that was compared over the previous two years as well as corrective actions taken and continued efforts. The PREA Annual Report did not contain any personal or security information and as such no redacting information was required. The PREA Annual Report was approved by the Agency Head and was uploaded to the new agency website. The auditor confirmed the report was accessible on the website.

The facility provided a memo that noted that sexual abuse and sexual harassment data would be retained securely for at least ten years from the initial collection.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Findings (By Provision):</p> <p>115.401 (a): The facility is a stand-alone jail. The facility is being audited during the first year of the current three year audit cycle.</p> <p>115.401 (b): The facility is a stand-alone jail. The facility is being audited during the first year of the current three year audit cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents and was permitted to conduct private interviews.</p> <p>115.401 (n): The facility provided an assurance memo that outlined the audit announcement was posted throughout the facility at least six weeks prior to the on-site portion of the audit. During the tour the auditor observed the audit announcement on letter size paper in English and Spanish. Audit announcements were located in the housing units, the front entrance and a few common areas. The audit noticed advised the offenders that correspondence with the auditor would remain confidential unless the offender reported information such as sexual abuse, harm to self or harm to others. The offenders were able to send correspondence via legal mail.</p>
--	--

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Findings (By Provision):</p> <p>115.403 (f): The facility completed an audit in 2023. The audit report is available on the MDOC website, but not the agency website.</p> <p>Corrective Action</p>

The facility will need to post the audit report from the prior PREA audit to the agency website.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Agency Website

The agency uploaded their prior PREA audit report to the new agency website. The auditor confirmed the report was available to the public on the website.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit,	yes

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h) Screening for risk of victimization and abusiveness		
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i) Screening for risk of victimization and abusiveness		
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b) Protective Custody		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c) Protective Custody		
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g) Exhaustion of administrative remedies		
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a) Inmate access to outside confidential support services		
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d) Agency protection against retaliation		
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e) Agency protection against retaliation		
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a) Post-allegation protective custody		
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a) Criminal and administrative agency investigations		
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	

	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	
--	---	--