

**PREA AUDIT REPORT     Interim     Final**  
**ADULT PRISONS & JAILS**

**Date of report:** March 24, 2017

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<b>Date of facility visit:</b> August 8-10, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Mississippi State Penitentiary			
<b>Facility mailing address:</b> <i>(if different from above)</i> PO Box 1057, Parchman, MS 38738			
<b>Facility telephone number:</b> (662) 745-6611			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Ernest Lee, Superintendent			
<b>Number of staff assigned to the facility in the last 12 months:</b> 509			
<b>Designed facility capacity:</b> 3590			
<b>Current population of facility:</b> 3349			
<b>Facility security levels/inmate custody levels:</b> Minimum, Medium, Close and Death Row			
<b>Age range of the population:</b> 20-86			
<b>Name of PREA Compliance Manager:</b> Lola Nelson		<b>Title:</b> PREA Manager/Corrections Supervisor	
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<b>Agency Information</b>			
<b>Name of agency:</b> Mississippi Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> N/A			
<b>Physical address:</b> 633 N. State Street, Jackson, MS 39202			
<b>Mailing address:</b> <i>(if different from above)</i> N/A			
<b>Telephone number:</b> (601) 359-5600			
<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE

The PREA audit of Mississippi State Prison (MSP) was conducted Monday, August 8, 2016 through Wednesday, August 10, 2016. The audit team consisted of Lead Certified PREA Auditor Alton Baskerville and Assistant Phyllis Baskerville. The audit team wishes to thank Superintendent Ernest Lee and his staff for the hospitality, cooperation and professionalism shown us at (MSP). The audit team met in the administrative conference room at approximately 8:30 AM on the first day of the audit with the following persons present: Superintendent Ernest Lee, Marcia Stingley, Statewide PREA Coordinator, Lola Nelson, PREA Manager/MSP and Rita Bonner, PREA Manager/ SMCI.

After the entry meeting, the audit team began a tour of the entire facility and began interviewing staff and inmates. The head PREA auditor was escorted by Marcia Stingley and four correctional dog handlers who were heavily armed. They carried one shotgun in most of the buildings and two shotguns when we entered the highest security areas, including death row. Inmates were ordered to get on their beds as the team toured the housing units. The pre-audit notice was seen posted throughout the facility. The PREA hotline number was posted in all of the housing units. Notices requiring female employees to announce their presence before entering the housing units were posted on the entry doors to the bed areas. "Female on the Zone" was announced as we entered each bed area. The inmate telephones were operational when checked.

The correctional officers in 95% of the housing units were females who had less than a year of experience. We observed no additional experienced correctional staff training them on the job. We were advised by administrative staff that 77% of the correctional staff are female. We saw few supervisors while we were making rounds in the housing areas. In one unit, an officer almost opened the control door while inmates were immediately in front of the control room entrance. When asked by the supervisor why she was opening the door, her reply was that officers were in the area. This officer was allowed to continue to work in the control room. In another housing unit, we observed two trainees staffing the entire unit. In checking the daily logs in the housing units, it was difficult to determine how often rounds were made in the beds areas. It appeared that the rounds were infrequent, and made by female staff who had to announce their presence. During our tour, many of the control rooms were not manned. There were blind spots in a number of the dormitory style housing units. Mirrors and cameras would be helpful to enhance security in those areas, especially, when the control rooms are not being manned.

Cameras are in Unit 42 which is the hospital. The cameras are in the 14 mental health rooms and monitored by the correctional officer at the nursing station. Recently, cameras were placed in two maximum custody housing areas in Unit 29. However, these cameras are not under constant observation; only checked out if an incident occurs and there is a need to verify facts. The monitors are behind locked doors with very restricted access.

All the housing areas provided privacy when offenders showered and used the toilet area. Security was an issue with some of the toilet and shower locations in some of the dormitories. These areas are not under constant officer security checks, and are not monitored by cameras.

During the course of the tour, the lead auditor spoke with over 50 random inmates located throughout the housing units. They all were aware of the PREA hot line notice posted in the housing units. Some of the inmates reported that they did not remember receiving PREA training at MSP.

After the tour of the facility, the team began a review of the PREA audit files and conducted private interviews with staff and inmates. The audit team interviewed twenty-one (21) inmates, at least one from each housing unit. There were nine (9) random inmates, eight (8) inmates who reported a sexual abuse, two (2) disabled and limited English proficient inmates, and two (2) self reported transgender and gay inmates. Of the twenty-one (21) offenders interviewed, we received eleven (11) signed PREA forms acknowledging PREA training at MSP. Of the eleven forms received, six (6) of the forms were signed August 8, 2016, the date the request was made. Staff indicated no knowledge of a requirement to have inmates sign acknowledging receipt of PREA orientation at MSP. They stated a review was made of their record and if the inmate received PREA orientation at their previous facility, none was required at MSP...because they already had the PREA orientation.

The PREA Statistical Data Sheets (July, 2015-July, 2016) document thirty-nine (39) complaints of sexual abuse and sexual assault were investigated. Twenty-one (21) were unsubstantiated and eighteen (18) were unfounded.

Twenty-two (22) staff were interviewed by the team. Ten (10) random staff from both shifts, and (12) specialized staff from all areas of the facility. Half of the random correctional staff interviewed had been working at MSP for a year or less. A number of the staff exhibited limited knowledge of PREA. Of the twenty staff who were interviewed, six were documented to have had PREA training. Many staff were uncomfortable during the interview, stating that they hadn't had the training or

didn't remember receiving training. One staff asked the auditor for more details of the PREA requirements to ensure they were in compliance going forward. Other staff asked why we were there, indicating no awareness of the pending PREA audit.

At the conclusion of the audit, the team found MSP in non-compliance of the following PREA standards:

**1. Standard 115.13 Supervision and monitoring:**

Staffing levels at MSP does not provide the expected level of protection to the offenders due to a 33% vacancy rate for security positions. There is a need to enhance security with additional cameras, monitors and mirrors in the housing units.

**2. Standard 115.16 Inmates with disabilities and inmates who are limited English proficient:**

Both contracts for a limited English proficient inmates and inmates with disabilities expired June 30, 2016.

**3. Standard 115.31 Employee training:**

All employees interviewed did not have documentation that they had PREA training.

**4. Standard 115.33 Inmate education:**

All inmates interviewed had not received PREA training upon arrival to MSP.

On the afternoon of Thursday, August 11, 2016, the audit team had the exit meeting in the administrative conference room with Area I Warden Tim Morris, Area II Warden Sonja Staniel, Marcia Stingley, Lola Nelson, Rita Bonner and Fannie Durr, Superintendent's Office Manager. The team expressed it's appreciation for the hospitality, cooperation and work of MSP's staff during the audit. The findings of the audit team was discussed by certified auditor Baskerville. The four standards that were not met were discussed in detail. It was explained that an interim report would be prepared within thirty days of the completion of the audit. The audit team is committed to work with the MSP team in their efforts to achieve full compliance of PREA standards within the next 180 days.

On March 23, 2017, this auditor received a package of supporting documents to demonstrate Mississippi State Penitentiary's Compliance with the four standards MSP failed during the initial audit. Based upon documentation received and communications with MSP PREA coordinator, I find them to be in compliance with the four standards previously failed. Therefore, they are in complete compliance of PREA Audit Standards.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Mississippi State Penitentiary (MSP) is the state's oldest and largest penal institution. It is located 133 miles north of Jackson, Mississippi in Sunflower County. MSP maintains a working farm, mail room, and fire station.

The prison complex comprises of 58 support buildings, six housing units and a 56-bed medical/dental facility. The prison complex is divided into two areas: Area I and Area II.

Area I, Unit 29 was constructed in 1981 as a prefabricated concrete structure to house medium and maximum custody male offenders. Perimeter security consists of a 12-foot double security fence with strands of razor wire at the top and at the bottom. There is a motion detection system, one armed tower, one armed 24-hour patrol, a guard house, and two sally ports at the front and at the rear entrances. The compound within the security perimeter contains 18 buildings, which supports ancillary facilities such as administration, maintenance, recreation, food services and medical services. Unit 29 is further divided into two divisions (I and II) each including six modular housing units-A through F and G through L, respectively. Program functions within Unit 29 include agricultural operations, produce processing, field support operations, and Death Row. Unit 29 is the designated intake building for all offenders received at MSP. Most of the inmates entering MSP are initially assigned to Unit 29. Unit 29 has a bed capacity of 1568.

Area II consists of five housing units. It supplies security and support staff for Administration Security, Entrance Gates I and II, the Sunflower County road crew, archives, MSP primary medical/dental facilities, most of its inmate rehabilitative, educational and vocational programs. This area provides housing for inmates assigned to the Firehouse, Spiritual Life Center, training, Corrections Investigative Division, the Sunflower County road crew, Recreation, K-9, institutional archives, cold storage, and inmates enrolled in the vocational schools.

Unit 30, the main complex for Area II, was constructed in 1985 as a prefabricated concrete structure to house medium and maximum custody offenders. Perimeter security consists of a 12-foot double security fence line at the top and the bottom with razor wire. There is a motion detection system, armed 24 hour patrols, a guard station, and two sally ports at the front and rear entrances. The compound within the security perimeter contains 18 buildings which has a variety of functions. Unit 30 has a bed capacity of 1010.

## **SUMMARY OF AUDIT FINDINGS**

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

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

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

A review of the audit files, and interviews with staff and inmates show that there is a zero tolerance policy of sexual abuse and sexual harassment. The Mississippi Department of Corrections (MDOC) has a written policy, MDOC Policy 20-14, adopted in October 2004, that mandates zero tolerance towards all forms of sexual abuse and sexual harassment. MDOC Policy 20-14-01 also details implementation of the agency's zero tolerance policy, defines prohibited behavior, outlines strategies and responses to reduce and prevent sexual abuse and sexual harassment, and details sanctions for violators. Additionally, MDOC Policy 03-17, adopted in December 1992, includes definitions of prohibited behaviors regarding sexual harassment and sanctions.

MDOC has an agency-wide PREA coordinator position, identified as Branch Director II in MDOC's organizational chart. MSP designates PREA compliance responsibilities to the Correctional Supervisor position, and this position reports to the statewide PREA Coordinator. This auditor reviewed the organizational chart of the MDOC and MSP, interviewed the PREA coordinator. The statewide PREA Coordinator and the PREA Manager both state that they have sufficient time and resources to do their jobs to comply with PREA. I find MSP to be in compliance of this standard.

**Standard 115.12 Contracting with other entities for the confinement of inmates**

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

MDOC has entered into three contracts for the confinement of inmates since August 20, 2012. All three contracts require adoption and compliance with PREA standards. Additionally, the contracts require MDOC to monitor the contractor's compliance with PREA standards. A review of file documents and discussion with the statewide PREA Coordinator support compliance of this standard.

**Standard 115.13 Supervision and monitoring**

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

MDOC policy 20-14-01,p3, line 111 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 inmates against abuse. At least once every year the facility, in collaboration with the facility's PREA coordinator, reviews the staffing plan to see whether adjustments are needed in (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of agency/facility resources to commit to the staffing plan to ensure compliance. The facility requires that intermediate level and higher level staff to conduct unannounced rounds to identify and to deter staff sexual abuse and sexual harassment. Policy prohibits staff from alerting other staff of the conduct of such rounds. Previously not meeting this standard, MSP is now in compliance of this standard. The vacancy rate for

correctional officers was 32% as of February 8, 2017. This is a one percent improvement of the rate during the onsite audit in August, 2017. A review of daily Unit Registers of the housing units in Area I and Area II for the months of December, 2016, January, 2017 and, February, 2017 show frequent security rounds by officers and supervisors. A review of incident reports for December, 2016 through February, 2017 show security officers responding to incidents in the housing units in a timely manner and providing assistance to inmates who have been assaulted or have reported concerns for their safety. Purchase orders submitted in August, 2017 show the purchase of 16 indoor convex mirrors and 8 dome mirrors to be installed due to blind spots in some of the housing areas. I find MSP in compliance of this standard because of the above stated reasons.

#### **Standard 115.14 Youthful inmates**

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

MSP prohibits placing youthful inmates in a housing unit where they would have sight or sound contact with any adult inmate through use of a shared dayroom or other common space, shower or sleeping quarters. In the past 12 months, no youthful offender has been assigned to MSP. Conversation with random employees and random offenders indicate that they had no knowledge of any youthful offenders assigned to MSP. No youthful offenders were observed in the facility while conducting a thorough tour of the compound. MSP is in compliance with this standard based on review of relevant files, interviews of staff and inmates and personal observations during the tour of the facility.

#### **Standard 115.15 Limits to cross-gender viewing and searches**

tiantially exceeds requirement of standard)

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

MSP has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

The auditor finds MSP in compliance with this standard through observations, interviews with staff and offenders, and through review of policies and procedures.

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

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

MDOC policy 20-14-01 p.7, line 317-351 established procedures to provide disabled and limited English proficiency inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Additionally, MDOC Policy 20-14-01

prohibits the use of inmate interpreters, inmate readers or other types of inmate assistants, 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 or investigation of the inmate's allegations.

MDOC had contracted with two agencies for interpreter services to ensure effective communication with inmates with disabilities and limited English proficiency. Both contracts expired June 30, 2016. Both contracts have not been renewed as of March, 2017. MSP has procedures in place to comply with this standard. An institutional memo dated March 10, 2007 to the Superintendent, MSP shows a list of staff members who received certified training to assist offenders with literacy problems. Case management file on August 16, 2016 shows a disabled offender receiving PREA orientation from a case manager. The documentation was signed by an employee witness. This auditor spoke with a different disabled offender during the onsite audit, the case manager produced file documentation that this offender received PREA orientation. I find MSP in compliance because of the above stated reasons.

### **Standard 115.17 Hiring and promotion decisions**

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

MDOC Policy 20-14-01 prohibits the hiring or promoting of anyone who may have contact with inmates who has previously been convicted or adjudicated to have engaged, or attempted to engage, in forced or nonconsensual sexual activity or sexual abuse. MDOC Policy 20-14-01 also requires criminal background record checks to be performed at least every five years for current employees and contractors who may have contact with inmates. MSP is in compliance with this standard based on review of MDOC Policy 20-14-01, and interview with Human Resource Manager who complies with MDOC Policy 20-14-10.

### **Standard 115.18 Upgrades to facilities and technologies**

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

MSP has not acquired new facilities or made any substantial expansions or modifications to existing facilities since August 20, 2012 or the last PREA audit. MSP has installed a limited video monitoring system, electronic surveillance system or other monitoring technology since August 20, 2012 or the last PREA audit. Recently, cameras were placed in two maximum custody housing areas in Unit 29. However, these cameras are not under constant observation; only checked out if an incident occurs and there is a need to verify facts. The monitors are behind locked doors with very restricted access. The auditor was able to observe the operations of these cameras. I find MSP in compliance with this standard based on observations, interviews of staff and review of file documents.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

- Does Not Meet Standard (requires corrective action)

MDOC's Corrections Investigation Division (CID) is responsible for conducting sexual abuse investigations as outlined in MDOC Policy 12-05. Additional policies that outline evidence protocol and requirements for forensic medical exams are found in MDOC Policy 16-14 and MDOC Policy 20-14-01. Also, MDOC has signed a Memorandum of Understanding with the Mississippi Coalition Against Sexual Assault (MSCASA) to make MSCASA's services available to victims of sexual assault.

All victims of sexual abuse have access to a forensic medical examination at an outside facility without any cost to them. Examinations are conducted by SANES/SAFEs professionals. Within the past 12 months, MSP had no forensic medical exam conducted by SAFEs/SANEs professionals. I find MSP in compliance with this standard based on interviews with staff and inmates, review of relevant policies and procedures of MDOC and communication with the Mississippi Coalition Against Sexual Assault(MSCASA) Director.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

MSP conducts an administrative criminal investigation for all allegations of sexual abuse and sexual harassment as stated in MDOC Policy 20-14-01. The PREA Statistical Data Sheets (July, 2015-July, 2016) document thirty-nine (39) complaints of sexual abuse and sexual assault were investigated. Twenty-one (21) were unsubstantiated and eighteen (18) were unfounded. Eight offenders who submitted sexual abuse complaints were interviewed. They acknowledged being contacted in a timely manner, and receiving notification of the outcome of the investigations. MSP is in compliance with this standard based on the auditors' interviews with relevant staff and offenders, and review of policies and procedures pertaining to this standard.

### **Standard 115.31 Employee training**

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

MDOC Policy 20-14-01 p. 11 states that all MDOC employees who may have contact with inmates will be trained on all of the enumerated PREA training curriculum requirements. Employees receive training on PREA requirements at least once a year during annual refresher training, and between trainings, MDOC employs agency directives to provide employees with information about current policies regarding sexual abuse and harassment. The agency documents that employees understand the training they received through signature or electronic verification. Of the twenty-two staff persons interviewed, only six were documented to have had PREA training. This auditor has received signed training forms on all employees at MSP showing that they have completed PREA training either during the audit year or through December, 2016. MSP is now in compliance of this standard.

### **Standard 115.32 Volunteer and contractor training**

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



relevant review period)

- Does Not Meet Standard (requires corrective action)

MSP trains all volunteers and contractors who have contact with inmates on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. MSP dedicates a section in its Volunteer Handbook, a tool used for training volunteers and contractors, to educate them on PREA and the agency's applicable policies and procedures. According to the Pre-Audit Questionnaire, in the past 12 months, 38 volunteers and contractors have received training on these policies. MSP is in compliance with this standard based on auditors' interviews of volunteers, contractors, and supervisory staff. A review of Volunteer Handbook, signed forms from volunteers and contractors, and a perusal of applicable policies and procedures.

### **Standard 115.33 Inmate education**

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

MDOC Policy 20-14-01 requires inmates to receive information at intake about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. The intake form is signed by the inmate and maintained by the agency as documentation of the inmate's PREA education. Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/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. Of the twenty-one (21) offenders interviewed, we received only eleven (11) signed PREA forms acknowledging PREA training at MSP. I find MSP to now be in compliance with this standard based on additional documentation instructing case managers to keep informing the offenders about PREA as part of their monthly meetings. Also, I received documentation that inmates transferred to MSP in December, 2016, January, 2017 and February, 2017 received PREA orientation.

### **Standard 115.34 Specialized training: Investigations**

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

MDOC conducts its own investigations of allegations of sexual abuse, and MDOC Policy 20-14-01 requires all investigators to be trained in sexual abuse investigations in confinement settings. Seven (7) investigators currently employed at MSP completed the required PREA training. Auditor finds MSP in compliance of this standard based on review of MDOC Policy 20-14-01, review of investigators' training records, and interviews of two of the seven investigators.

### **Standard 115.35 Specialized training: Medical and mental health care**

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

MSP has medical and mental health care practitioners who work regularly at the facility, all of whom have received the agency's required PREA training in accordance with MDOC Policy 20-14-01. MSP's medical staff does not conduct forensic examinations. I find MSP in compliance with this standard based on interviews of medical and mental health staff, random inmates receiving medical and mental health care, review of training documents of staff interviewed, and perusal of relevant policies and procedures.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

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

MDOC Policy 20-14-01 requires all inmates to be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. The auditor interviewed intake staff and reviewed intake screening forms of random inmates. In addition, auditor reviewed MDOC Policy 20-14-01 and questioned random staff and inmates in reference to inmate screening for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake. MSP is in compliance of this standard.

#### **Standard 115.42 Use of screening information**

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

MSP uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexually victimized from inmates at high risk of being sexually abusive per MDOC Policy 20-14-01, p 17, line 806-809. MSP makes individualized determinations on how to ensure the safety of each inmate per MDOC Policy 20-14-01, p17, line 810-811. A transgender or intersex inmate's own views with respect to his or her own safety is given serious consideration. A transgender or intersex inmate is given an opportunity to shower separately from other inmates. MSP does not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated buildings or wings. I find MSP in compliance with this standard based on review of MDOC policies and procedures, interviews with staff and inmates, and observations while touring the facility.

#### **Standard 115.43 Protective custody**

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

MDOC Policy 20-40-01 states that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless no alternatives are available. In the past 12 months at MSP, no inmates at risk of sexual victimization were held in involuntary segregated housing. I find MSP in compliance with this standard based on a review of policy and procedures and segregation logs, and interviews of relevant staff and inmates.

#### **Standard 115.51 Inmate reporting**

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

MDOC has established procedures allowing for multiple internal ways for inmates and staff to privately report sexual abuse or harassment of inmates, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. MDOC has signed a memorandum of understanding with the Mississippi Coalition Against Sexual Assault to provide their contact information for inmates who wish to confidentially report incidents to an outside entity.

Additionally, MSP inmates and staff may call a confidential hotline to report suspected instances of sexual assault. Another avenue for inmates to report incidents is to file a grievance; staff may complete an incident report. I find MSP in compliance of this standard based on review of policy MDOC 20-14-01 p. 18, line 865-874, interviews with staff and inmates, and observations of posted reporting signs throughout the facility.

**Standard 115.52 Exhaustion of administrative remedies**

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

MDOC Policies 20-14-01 and 20-08 establish administrative procedures for dealing with inmate grievances regarding sexual abuse. Procedures allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Policy requires that a resident grievance alleging sexual abuse not be referred to the the staff member who is the subject of the complaint. Policy 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. In the past 12 months, no grievances were filed of alleged past sexual abuse. In the past 12 months, no grievances were filed for imminent sexual abuse with a final decision reached within five days. The auditor finds MSP in compliance of this standard due to the previously mentioned policy, review of related files and interviews with staff and inmates.

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

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

MDOC has signed a memorandum of understanding with the Mississippi Coalition Against Sexual Assault (MCASA) to provide their contact information for inmates who wish to confidentially report incidents to an outside entity. Inmates are provided the contact information for MCASA through distributed written materials. I find MSP in compliance of this standard based on review of signed Memoranda of Understanding between MDOC and MCASA, interview of Director of MCASA, and interview of staff and inmates.

**Standard 115.54 Third-party reporting**

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

The MDOC website posts a designated phone number for third parties to call and confidentially report incidents of inmate sexual abuse or sexual harassment. The designated phone number is also visible on PREA Tip Line posters in the institution. MSP is in Compliance of this standard based on observations of documents, review of MDOC website, and interviews with staff and inmates.

**Standard 115.61 Staff and agency reporting duties**

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

MDOC Policy 20-14-01 requires staff to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect or violation of PREA responsibilities. Additionally, the policy states that staff must not reveal any information related to a sexual abuse report beyond what is necessary to share for appropriate follow-up actions. I find MSP to be in compliance of this standard based on my review of MDOC Policy 20-14-01, and interviews with staff and inmates.

**Standard 115.62 Agency protection duties**

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

MDOC Policy 20-14-01 states that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action must be taken to protect the inmate. In the past 12 months, there have been no cases where an inmate was determined to be in substantial risk of imminent sexual abuse. MSP is in compliance with this standard based on review of policy, file information and interview with management staff.

**Standard 115.63 Reporting to other confinement facilities**

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

Policy 20-14-01 states that upon receiving an allegation that an inmate was sexually abused while confined at

another facility, the facility head or designee will notify the appropriate staff in the agency where the alleged abuse occurred. In the past 12 months, MSP received 0 allegations that an inmate was abused while confined at another facility. A review of MDOC Policy 20-14-01 and interviews of staff and inmates show MSP is in compliance of this standard.

**Standard 115.64 Staff first responder duties**

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

In the past 12 months, there were 39 allegations that an inmate was sexually abused. There were no instances when the security staff first responder had to separate the alleged victim and the abuser. In no instances did staff have to be notified in time to collect physical evidence of the sexual assault, and appropriate steps needed to be taken to secure such evidence. There were no instances in the past 12 months where non-security staff served as first responders to an allegation of inmate sexual abuse. I find MSP in compliance of this standard based on review of audit files, and interviews of investigative staff, and random staff.

**Standard 115.65 Coordinated response**

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

MDOC has developed a written institutional plan, reflected in the Sexual Assault Response and Containment Checklist, to coordinate actions among first responders, medical staff, investigators and leadership taken in response to an incident of sexual abuse. I find MSP in compliance of this standard after reviewing facility files, checklists and interviews with multiple staff.

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

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

MDOC has not entered into a collective bargaining agreement that limits its ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. I find MSP in compliance of this standard because review of policy and interviews with staff confirms that MDOC does not enter into collective bargaining agreement.

**Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)X

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

Does Not Meet Standard (requires corrective action)

MDOC Policy 20-14-01 states that all inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations will be protected from retaliation by other inmates or staff and monitored by MSP designated staff. In the past 12 months, there have been no incidents of retaliation. I find MSP in compliance with this standard based on review of Policy 20-14-01, and interviews of inmates and staff.

#### **Standard 115.68 Post-allegation protective custody**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

MDOC Policy 20-14-01 states that any use of segregated housing to protect an inmate who is an alleged victim of sexual abuse will be subject to the requirements of the policy regarding Protective Custody. In the past 12 months, no inmates were held involuntarily in segregation housing. I find MSP in compliance of this standard based on interviews of random, classification, and segregation staff, and reviewing documents in files in classification section and segregation.

#### **Standard 115.71 Criminal and administrative agency investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

MDOC Policies 20-14-10 and 12-05 require that an investigation is conducted and documented whenever a sexual assault or threat is reported, and for all substantiated allegations that appear to be criminal to be referred for prosecution. MDOC retains all written reports pertaining to administrative or criminal investigation of alleged sexual assault or sexual harassment as long as the alleged abuser is incarcerated or employed by the agency, plus five years. During the past 12 months, no allegations were referred for prosecution. I find MSP in compliance with this standard based upon review of related policies and reports reference to criminal and administrative investigations. Interviews with administrative and investigative staff verifies compliance.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

MDOC Policy 20-14-01 states that no standard higher than a preponderance of the evidence will be used in determining whether allegations of sexual abuse or sexual harassment are substantiated. I find MSP in compliance of this standard after reviewing MDOC Policy 20-14-01, p. 28, lines 1354-1356, and after interviews of investigative staff and administrative staff.

#### **Standard 115.73 Reporting to inmates**

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

MDOC Policy 20-14-01 states that following an investigation the agency will inform the offender as to whether the allegation has been substantiated, unsubstantiated or unfounded. In the past 12 months, 39 inmates filed complaints alleging sexual abuse. Documentation indicated that all were notified of the results of their investigation. All eight inmates who reported a sexual abuse that were interviewed stated that they were notified of the results of the investigation. I find MSP in compliance of this standard.

**Standard 115.76 Disciplinary sanctions for staff**

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

MDOC Policy 20-14-01,p.30 states that staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and sanctions imposed for comparable offenses by other staff with similar history. All terminations for violations of a 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. In the past 12 months, no staff has been found in violation of PREA policies, and therefore, no disciplinary sanctions have been warranted. I find MSP in compliance with this standard based upon review of MDOC Policy 20-14-01, p.30, and responses of administrative and investigative staff who were interviewed.

**Standard 115.77 Corrective action for contractors and volunteers**

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

MDOC Policy 20-14-01 states that any contractor or volunteer who engages in sexual abuse will be prohibited from contract with inmates and will be reported to the Corrections Investigations Division. MSP takes remedial measures and prohibits further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 months, there have been no allegations of sexual abuse against contractors or volunteers. I find MSP in compliance of this standard based on review of MDOC Policy 20-14-01, p.30, line 1449-1451. Also, review of investigative files, and interviews with investigative and administrative staff support compliance.

**Standard 115.78 Disciplinary sanctions for inmates**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

MDOC Policy 20-14-01 states that inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate sexually abused another inmate. Agency disciplines inmate for sexual conduct with staff only upon finding that staff member did not consent to such contact. 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 established evidence sufficient to substantiate the allegation. In the past 12 months, allegations of inmate-on-inmate sexual abuse that have been audited were concluded as unfounded or unsubstantiated. I find MSP in compliance of this standard based upon review of MDOC 20-14-01, p.31. lines 1481-1484, and interviews with random, administrative and investigative staff.

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

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

MDOC Policy 20-14-01 requires all inmates identified as high risk with a history of sexually assaultive behavior or sexual victimization be assessed by a mental health or other qualified professional within 14 days. Policy states that an inmate who has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow up meeting with a mental health practitioner within 14 days of intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, and other staff, as necessary, to form treatment plans and to make security and management decisions, including housing, bed work, education and program assignments. MDOC policy also states that medical and mental health practitioners shall 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. The auditor reviewed submitted documentation showing follow up meetings occurring within the 14 days of intake. Also, documentation confirms that information related to sexual victimization or abusiveness occurring in an institutional setting is strictly limited to medical, mental health practitioners, and other necessary staff. Interviews with medical and mental health, and classification staff confirms knowledge of this policy requirement. I find that MSP is in compliance of this standard.

#### **Standard 115.82 Access to emergency medical and mental health services**

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

MDOC Policy 12-40-01p.33, lines 1574-1587 provide for timely, unimpeded access to emergency medical treatment and crisis intervention services without any cost to the inmate. The nature and scope of such services are determined by medical and mental practitioners according to their professional judgement. The inmate victims of sexual abuse while incarcerated are offered timely information to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate. I find MSP in compliance with this standard based upon my review of the above referenced policy, and interviews with professional and random staff, and interviews with inmates.



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

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

MDOC Policy 20-14-01,p. 34, lines 1613-1615 state that MSP will offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse consistent with the community level of care. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The facility attempts to conduct a mental health evaluation of all known inmate on inmate abuser within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. I find MSP in compliance of this standad based upon review of this policy, and interview of medical and mental health staff.

### **Standard 115.86 Sexual abuse incident reviews**

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

MDOC Policy 20-14-01, p35, lines 1660-1662 state that MSP will conduct sexual abuse review at the conclusion of every sexual abuse investigation unless the allegation has been determined unfounded. This review will take place 30 days after the conclusion of the investigation and will be conducted by the facility head, the statewide PREA coordinator and the PREA Manager. Sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the investigation. 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 facility prepares a report of its findings from sexual abuse incident reviews, including, but not necessarily limited to d(1)- d(5) of standard 115.86 (d), plus any recommendations for improvement and submit such report to the facility head and PREA compliance manager. PREA Statistical Data Sheets from July, 2015 to July, 2016 document 39 complaints investigated; 21 were unsubstantiated and 18 were un founded. The Annual PREA Report documents MSP's efforts to improve policies for more effective compliance with PREA. I find MSP in compliance with this standard based upon a review of all relevant documents, and interviews with incident review team members, investigators and management staff.

### **Standard 115.87 Data collection**

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

Pursuant to MDOC Policy 20-14-01,p. 36, lines 1701-1703 MDOC uses a standard form and definitions sheet to facilitate the uniform collection of data for every sexual abuse allegation. 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 agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies with SSV reporting regarding content. MDOC Policy states that the agency will collect incident data at least annually, and upon request, will provide such data for the previous calendar year to the Department of Justice. I find MSP. in compliance of this standard based on

review of specific policy, monthly data collection sheets, and interview with PREA compliance manager.

**Standard 115.88 Data review for corrective action**

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

MDOC Policy 20-14-01 requires the agency to review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The annual report includes a comparison of the current year’s data and corrective actions with those from prior years. 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. Annual reports, approved by the MDOC Commissioner, containing institutional assessment information are posted online at [www.mdoc.state.ms.us](http://www.mdoc.state.ms.us). I find MSP in compliance with this standard based on my review of policy, reporting documents, and online website posting.

**Standard 115.89 Data storage, publication, and destruction**

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

MDOC Policy 20-14-01, p.37, lines 1767-1768 state that the agency will ensure that data is securely retained, and personal identifiers are removed before making data on sexual abuse publicly available. 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. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. I find MSP to be in compliance with this standard based on review of policy, reporting documents, and online website posting.

**AUDITOR CERTIFICATION**

I certify that:

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

Alton Baskerville

March 24, 2017

Auditor Signature

Date