

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: ☐ N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report: December 11, 2021

### Auditor Information

Name: Alton Baskerville

Email: Alton.ABM@preaauditors.com

Company Name: AB Management & Consulting LLC

Mailing Address: 2310 Victoria Crossing Lane

City, State, Zip: Midlothian, Virginia 23113

Telephone: 804-980-6379

Date of Facility Visit: October 25-28, 2021

### Agency Information

Name of Agency: Mississippi Department of Corrections

Governing Authority or Parent Agency (If Applicable): N/A

Physical Address: 301 N. Lamar Street

City, State, Zip: Jackson, MS 39201

Mailing Address: 301 N. Lamar Street

City, State, Zip: Jackson, MS 39201

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

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

### Agency Chief Executive Officer

Name: Burl Cain

Email: bcain@mdoc.state.ms.us

Telephone: 601-359-5600

### Agency-Wide PREA Coordinator

Name: Kim Dingess

Email: kdingess@mdoc.state.ms.us

Telephone: 601-359-5600

PREA Coordinator Reports to:

John Hunt, Corrections Investigations Division

Number of Compliance Managers who report to the PREA Coordinator:

3

## Facility Information

**Name of Facility:** Central Mississippi Correctional Facility

**Physical Address:** 3794 MS-468

**City, State, Zip:** Pearl, MS 39451

**Mailing Address (if different from above):**

Click or tap here to enter text.

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

**The Facility Is:**

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

**Facility Type:**

☒ Prison

☐ Jail

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

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

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

☒ ACA

☐ NCCHC

☐ CALEA

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

☐ N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

Click or tap here to enter text.

### Warden/Jail Administrator/Sheriff/Director

**Name:** Marc McClure, Superintendent

**Email:** mmcclure@mdoc.state.ms.us

**Telephone:** 601-932-2880

### Facility PREA Compliance Manager

**Name:** Lt. Lisa Neal, CID

**Email:** lneal@mdoc.state.ms.us

**Telephone:** 601-932-2880 ext. 6763

### Facility Health Service Administrator ☐ N/A

**Name:** Carnella Davis

**Email:** cardavis@VitalCoreHS.com

**Telephone:** 601-932-2880 ext. 6647

### Facility Characteristics

**Designated Facility Capacity:**

4027

**Current Population of Facility:**

3120

Average daily population for the past 12 months:	3077	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	20-86	
Average length of stay or time under supervision:	1 year to life	
Facility security levels/inmate custody levels:	Minimum, Medium, & Close	
Number of inmates admitted to facility during the past 12 months:	4260	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	4260	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	4260	
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input type="checkbox"/> N/A 20	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	401	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	818	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0	

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	53
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	28
<b>Number of single cell housing units:</b>	20
<b>Number of multiple occupancy cell housing units:</b>	160
<b>Number of open bay/dorm housing units:</b>	18
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	80
<b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided?</b> Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p>
<p><b>Investigations</b></p>	
<p><b>Criminal Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>10</p>
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b> Select all that apply.</p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p> <p><input checked="" type="checkbox"/> N/A</p>
<p><b>Administrative Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p>12</p>
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p> <p><input checked="" type="checkbox"/> N/A</p>

# Audit Findings

## Audit Narrative (including Audit Methodology)

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

On October 25, 2021, DOJ Certified PREA Auditors Alton Baskerville and Lori Fadorick began a Recertification PREA Audit of Central Mississippi Correctional Facility (CMCF). The onsite portion of the audit ended on October 28, 2021.

On July 26, 2021, PREA notices in English and in Spanish were sent to MS. Kim Dingess, PREA Compliance Manager. The PREA notices were posted throughout CMCF on September 14, 2021. On October 1, 2021, Chief Auditor Baskerville received the Pre-Audit Questionnaire and MDOC PREA Policies via email. I received letters from two inmates prior to the onsite visit. I did not receive any letters from staff. The PREA Audit Schedule was sent to CMCF on October 5, 2021. Inmate bed assignment rosters and a list of targeted inmates were sent to me on October 22, 2021. I selected the random and targeted inmates for interviews prior to the onsite visit. The selection of random staff was completed after my arrival at the facility.

The audit team arrived at CMCF at 12:45 P.M. on Monday, October 25, 2021. We were greeted by Warden Chambers and escorted to the entry meeting which was in the Youthful Offender Unit. The following persons were present at the meeting: John Hunt, Director, CID, YOU Warden Derrick Chambers, Kim Dingess, PREA Coordinator, Lisa Neal, PREA Compliance Manager, Zachery Houston, Integrity Investigator, Tonja Burks, Key Control Cor. Supervisor, Shelia Parks, CMCF Warden, Valerie Blue, CMCF Deputy Warden, Isis Page, Interim ACA Manager, Chester Cannon, CID Investigator and Zemarion Meeks, CID Investigator. We were introduced to the staff present. Auditor Fadorick and I shared our experiences with the staff. I shared the schedule, expectations and purpose for the audit. After the conclusion of the entry meeting, I began a tour of the facility beginning with the Youthful Offender Facility. I toured all the housing units in CMCF I compound which houses inmate support workers, male parole violators, and maximum custody females in a 53 bed Maximum Security Unit. There is also a Quick bed unit composed of three buildings used to house female offenders, and newly arrived male offenders that are not placed in Reception and Classification. After touring CMCF I compound, I completed a tour of CMCF II compound which has three open bay living units that contain four separate housing units each. There is a multi-purpose administration/support building at the front of this facility that has an 18-bed single cell segregation unit, known as the Maximum Security Unit. The CMCF Support Services Operations include the Armory, Emergency Response Team, Food Services/Central Kitchen, K-9 Tactical Unit, Laundry, Offender Recreation Program, Post Office/Mailroom, Transportation Department, Canteen, Education/Vocational Departments, Infirmary, MS. Prison Industries, Property Office, Support Services/Maintenance, Warehouse and Pre-Release/Alcohol and Drug Department.

I saw the PREA Notification letters posted throughout the facility. A couple of PREA notification letters were missing out of some housing areas. These notices were believed to be removed by offenders. However, they were quickly reposted. PREA posters were posted in English and Spanish in all the housing and program areas. All inmate telephones in the dayroom areas appear to be working. I tested the PREA hot line number, and received notice that my test call had been received on the same day.

I spoke with offenders in all housing, program and work areas. The offenders communicated freely and demonstrated knowledge of PREA requirements, especially how to make notifications if needed. Communication between staff and inmates appeared to be good.

I visited the control towers of all the housing units. I inspected the daily pass down logs and the supervisor's entry logs. Supervisors were making rounds at least once each shift. A number of the officers were hired less than two years ago. However, they were engaged with offenders and appeared confident in their job duties. They have had PREA knowledge and understand the importance of taking PREA complaints seriously. There is a shortage of correctional officers at the facility. The housing units had one officer who works in the control tower. There is a monitor in the control rooms which shows camera views of the common bed areas and dayrooms.

Upon completion of the tour, I went to my assigned work area to interview staff and inmates and to review relevant documentation. The audit team interviewed thirty (30) random inmates and twenty-three (23) targeted inmates. During the interviews, inmates demonstrated some knowledge of PREA rules and reporting procedures. The twenty-three targeted inmates included (1) inmate with a physical disability, (4) youthful inmates, (1) inmate who was blind, (2) inmates who are LEP, (1) inmate with a cognitive disability, (6) inmates who identify as Gay, (4) inmates who identify as Transgender, (3) inmates who reported sexual abuse, and (1) inmate who reported sexual victimization during risk screening.

Twenty-four (24) random staff were interviewed, and sixteen (16) specialized staff were interviewed. Random staff interviewed represented all housing units, plus day and night shifts. The specialized staff included the CID Director, Agency Contract Administrator, Investigative staff, Superintendent, Intake staff, Higher-Level Facility staff, PREA Compliance Manager, Designated Staff Member charged with monitoring retaliation, Volunteer, Contractors, Medical and Mental Health Staff, Security and Non-Security Staff who have acted as first responders, Staff who supervise inmates in segregation housing, Staff who perform screening for risk of victimization and abusiveness, Incident Review Team, and Human Resources Staff. All staff interviewed had received training within the past twelve months.

After concluding the onsite portion of the audit, the audit team had an exit meeting with Superintendent Marcus McClure, Lisa Neal, PREA Manager, Kim Dingess, PREA Director, Derrick Chambers, YOU Warden, Isis Page, Interim ACA Manager, Tracy Sanders, ACA Assistant Manager, Will Dickerson, CID Chief Investigator, Chester Cannon, CID Investigator, Zemarion Meeks, CID Investigator, Lucy Slaughter, CSA II, Valerie Bule, CMCF Deputy Warden, and Shelia Parks, CMCF Warden.

The chief auditor shared a summary of the findings and action required in order to be in full compliance of the PREA standards. The following paragraphs will show the standards not in compliance, problems identified and plan of action to come into compliance.

### **115.31- Employee Training**

a. Agency will 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.

Problem I: In B-Building, the shower area does not provide privacy for the female inmates when they come out of the shower stalls. All inmates in the dayroom area and bed area near the front can see the inmates coming out of the shower stalls. This situation may subject some inmates to the risk of being sexual harassed.

Corrective action needed: Putting up shower curtains to cover the opening to the dayroom within 40 days of the onsite audit will resolve this problem.

**Corrective Action:** On December 1, 2021, the auditor received pictures of installed shower curtains in the shower areas in the Women's A, B, and C buildings.



Problem II: Auditor observed sheets on a rope line in the toilet areas of several housing areas. This action creates an unsafe area which could contribute to sexual assault in the toilet area.

Corrective action needed: Tower officers should be instructed to remove any sheets that may obstruct their view of the non-private part of the restroom. Auditor would like to see a written directive from Superintendent McClure to security staff to keep sheets out of the toilet areas, and to write up violators if necessary. Action to be completed within 40 days of the onsite audit will satisfy this concern.

**Corrective action:** On November 24, 2021, the auditor received a copy of Superintendent McClure's Memo dated November 15, 2021 to CMCF staff addressing problem II.

Problem III: Auditor received complaints from some inmates who were interviewed about inmates were being strip searched in the zones without privacy from other staff or inmates not conducting the strip search.

Corrective action needed: Superintendent McClure may send out a memo reminding staff to follow MDOC-SOP Number 16-07-01 -Control of Contraband/Body Searches-Offenders. This SOP defines a Strip Search as a visual search/examination of a disrobed offender by a minimum of two staff members in a location restricted from the visual observation of non-involved MDOC staff and /or other persons. This memo sent out within 40 days of the onsite audit will satisfy this concern.

**Corrective action:** On November 24, 2021, the auditor received a copy of Superintendent McClure's Memo dated November 15, 2021 to CMCF staff addressing problem III.

Problem IV: Some employees say they did not receive PREA training within the past 12months. MDOC Policy 20-14-01, pp. 11-12, line 524-552 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 in accordance with MDOC Policy 04-02, and between trainings, MDOC employs agency directives to provide employees with information about current policies regarding sexual abuse and harassment in the past 12 months.

Corrective action needed: All employees who have direct contact with inmates should be trained on PREA requirements. Written documentation that all employees interviewed plus and additional 30 employees not interviewed have received PREA training within the past 12 months. Receipt of this documentation within 40 days of the onsite audit will satisfy this concern.

**Corrective action:** On November 23, 2021, I received all the training documentation required to correct problem IV.

### **115.33- Inmate Education**

Per MDOC Policy 20-14-01, p.13 all inmates arriving at CMCF through intake must receive information 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.

Corrective action needed: CMCF must have signed PREA documentation from all assigned inmates. Signed PREA documentation from all inmates interviewed plus and additional fifty inmate not interviewed sent to the auditor within 40 days of the onsite audit will satisfy auditor's concern.

**Corrective action:** On November 23, 2021, the auditor received the documentation to fulfill the requirements of this standard.



#### **115.41- Screening for Risk of Victimization and abusiveness**

All inmates must be assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This assessment should take place within 72 hours of arrival at the facility. Within 30 days from the inmate's arrival at the facility, a reassessment of the inmate's risk of victimization or abusiveness based upon any additional, relevant information should take place.

Corrective action needed: CMCF should complete a risk assessment on all inmates assigned to the facility as soon as possible. In addition, a 30day reassessment need to be completed on all inmates  
Completion of a risk assessment and a 30 days reassessment of 150 of the most recent arrivals within 40 days of the onsite audit will satisfy the auditor for this standard.

**Corrective action:** On December 9, 2021, I received the documentation requested to comply with this standard.

On December 9, 2021, I received the last of the documentation requested for CMCF to come into full compliance of all 43 PREA standards. In addition, the audit team shared the following two recommendations to enhance their PREA response.

#### **Recommendations**

1. The audit team recommends the use of persons not interacting with the inmates to manage the hotline calls. This will provide separation and impartiality to the hotline call system.
2. The audit team recommends informing inmates when their calls to the hotline is not PREA related. This will allow them to seek other means of communication at the facility.

Auditor Lori Fadorick and I thanked everyone for their cooperation, hospitality, support during the PREA Recertification of CMCF. There were a lot of positive things we observed during our tour of the Facility. Of the 43 standards that must be complied with, only 3 standards required additional action or documentation. The Chief auditor informed Superintendent McClure that the PREA report will be completed 45 days from the last day of the onsite.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Central Mississippi Correctional Facility (CMCF), a facility accredited by the American Correctional Association, is located on 171 acres in Pearl in Rankin County, Pearl, Mississippi. CMCF is the only facility to house female offenders and youthful offenders. Its population consists of both male and female offenders of all custody levels (minimum, medium, and close) to include female offenders sentenced to death.

CMCF IA houses male camp support/working offenders, male violators of parole and other conditional release programs, court order returns and unclassified offenders. Most of the housing is for male offenders except for a female maximum-security unit with 53 beds. There is a CMCF I Quick bed Unit comprised of three distinct buildings primarily used to house female offenders and newly arrived male offenders not otherwise located in Reception and Classification and CMCF IA. This structure, added in 1995, serves female camp support/working offenders, those attending the alcohol and drug program, initial classification, and medium and minimum-security females. Most of these beds are dormitory style with bunked beds in a large open bay and adjacent showers/lavatories. There is a dayroom area with televisions and collect call only telephones. There are designated units for cell phone violators.

CMCF II, established in October 1996, is operated primarily as an area for special needs and medically disabled male offenders. There are three open bay living units that contain four separate housing units in each. There is a multi-purpose administration/support building at the front of this facility that has an 18 bed single cell segregation unit, known as the Maximum Security Unit. In December 2012, the Youthful Offender Unit opened with its own staff complement. The unit provides academic, vocational and counseling services to juveniles adjudicated to the adult system and remanded to the MDOC. CMCF Support Services Operations includes the Armory, Common Labor, Emergency Response Team, Food Services/Central Kitchen, K-9 Tactical Unit, Laundry, Offender Recreation Program, Post Office/Mailroom and Transportation Department.

CMCF Administrative Departments include ACA Accreditation, Canteen, Chaplain/Religious Programs, Correctional Investigations Department, Education/Vocational Departments, Fire Department, Infirmary, Inmate Administrative Remedy Program, Legal Assistance Department, Mississippi Prison Industries, MIS/Computer Department, Personnel Department, PreRelease/ Alcohol and Drug Department, Property Office, Records Department/Inmate Locator, Statewide Classification, Offender Services, Support Services/Maintenance, Telecommunications, Training, Warehouse, and Wellness Center.

There is a Superintendent's House, and since 2012, three trailer housing units for wardens outside the secure perimeter. There is ample parking for visitors and staff. There are educational spaces, medical clinics, food service and dining areas, recreation areas/gymnasiums, maintenance buildings and a chapel.

## Summary of Audit Findings

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

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

### Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

### Standards Met

Number of Standards Met: 43

### Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ 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.)  
☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- MDOC Policy 20-14 PREA
- MDOC Policy 03-17 Anti-Harassment
- MDOC Policy 20-05 Protection from Harm
- MDOC SOP 20-14-01 PREA (Prevention and Planning)
- MDOC PREA Director Job Description
- MDOC Organization Chart

### **MDOC 20-14**

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### **MDOC 03-17**

MDOC prohibits any harassment with regard to sex, race, color, religion, national origin, age, sexual orientation or disability. This prohibition includes, but is not limited to, unsolicited and unwelcome remarks, gestures, physical contact, display or circulation of written or electronic materials, pictures or objects derogatory to any persons based on the characteristics listed above. Employees are instructed that they need not endure harassment on any of the bases listed above and are encouraged to bring to the attention of management any such instances which are found by the employee to be offensive. In addition, MDOC prohibits its employees from engaging in harassment or unlawful discrimination where directed at or involving third parties with whom the employee comes into business-related contact. MDOC makes a firm commitment to address all complaints of harassment and to promptly and effectively remedy any complaints found to have merit.

### **MDOC Policy 20-05**

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual orientation, gender identity or gender non-conformity. Abusive institutional practices are practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action.

### **MDOC Statewide SOP 20-14-01**

(a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. PREA [§ 115.11] (b) An agency shall employ or designate 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 in all of its facilities. **PREA [§115.11]** (c) Where an agency operates more than one facility, each facility shall 92 designate a PREA compliance manager with sufficient time and authority to coordinate the 93 upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, 94 implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. **PREA [§115.11]**

### Analysis/Reasoning

Interviews with staff and residents confirm knowledge of this policy and it is understood that zero tolerance of sexual abuse and harassment has become practice through staff training and resident orientation. MDOC has an agency-wide PREA coordinator position, identified as Branch Director II in MDOC's organizational chart. CMCF designates PREA compliance responsibilities to the Correctional Lieutenant position, and this position reports to the statewide PREA Coordinator, Kim Dingess.

### Conclusion:

MDOC and CMCF have shown they meet the standard 115.11. The agency and facility have met PREA standards in the past and the coordinators, analysts and managers display exceptional efforts in maintaining that status. Policy is very good requiring zero tolerance and adherence to efforts to prevent, detect and respond to sexual abuse or harassment of offenders under MDOC charge.

## Standard 115.12: Contracting with other entities for the confinement of inmates

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

#### 115.12 (a)

- 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.) ☐ Yes ☐ No ☒ NA

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- MDOC Policy 20-14 PREA
- MDOC Policy 01-07 Role of Outside Agency
- MDOC Policy 01-17 Contractual Services
- MDOC Policy 16-29 Contracting Monitoring Program
- MDOC SOP 20-14-01 (Contracting with Other Entities for Confinement Of Offenders/Residents
- Statement of Fact

### **MDOC Policy 20-14 PREA**

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### **MDOC Policy 01-07**

The role and functions of employees of other public or private agencies providing a service to the institution are covered by written policy and procedure that specify their relation to the authority and responsibility of the warden/superintendent.

### **MDOC Policy 01-17**

The MDOC will enter into agreements with independent firms, by which services are provided to the department, or certain maintenance is performed on departmental equipment. The Chief of Purchasing will submit all proposed contracts to the Department of Finance and Administration for review and approval. The Deputy Commissioner of Administration and Finance will develop procedures to ensure that MDOC follows all the legalities, terms, and approvals as stipulated in state laws.

### **MDOC Policy 16-29**

Written policy, procedure, and practice provide for a system to monitor operations and programs through inspections and reviews. This monitoring is conducted by the warden/superintendent or designated staff at least annually and by qualified professionals not affiliated with the facility or system at least every three years.

### **MDOC Policy 20-14-01**

A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. PREA [§ 115.12]

### **Analysis/Reasoning**

MDOC has entered into or renewed a contract for the confinement of residents on or after August 20, 2012 or since the last PREA audit. Such contracts do require contractors to adopt and comply with PREA standards. Additionally, the contracts do require MDOC to monitor the contractor's compliance with the PREA standards.

### **Conclusion:**

According the Statement of Fact, this facility does not contract with other entities for the confinement of inmates. The Auditor determined MDOC meets the requirements of this standard.

## **Standard 115.13: Supervision and monitoring**



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

### 115.13 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

### 115.13 (b)

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

#### 115.13 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.13 (d)

- 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 ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- 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 ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC Policy 03-29 Review of Staffing

- MDOC Policy 06-02 Daily Population Report
- MDOC Policy 25-08-C Staffing Plan
- MDOC Policy 44-01 Building and Safety Codes
- MDOC SOP 20-14-01 Supervision and Monitoring
- Annual PREA Report
- Staffing Plan
- Facility Visit Form
- Unannounced Rounds

#### **MDOC Policy 20-14-01**

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. 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. PREA [§ 115.13]

#### **MDOC Policy 03-29**

A formula will be employed to determine the number of staff needed for essential positions. The formula will account for holidays, regular days off, annual leave, and average sick leave. Staffing requirements will be assessed at least annually.

#### **MDOC Policy 06-02**

The master index that is available in the MDOC Offendertrak will be utilized to account for state offenders housed in any correctional facility whether in or out of the state of Mississippi. This index will also identify offenders who are currently on supervised earned release and Intensive Supervision Programs. The report will be made available to administrators. Each institution will maintain a daily report on offender population movement.

#### **MDOC Policy 25-08-C**

The Health Services Administrator (and other designated staff members) will identify the classification and number of staff based upon the population's basic health needs. Health Service activities (i.e., medication administration, sick call, segregation visits) will be considered when developing the staffing plan. Medical, nursing, dental and mental health needs will be considered in the development of the staffing plan. Annually, but more frequently, when necessary, the Health Services Administrator and other team members will review and revise the staffing plan. Quality improvement studies will assess staffing capabilities in order to meet the basic health needs. All staffing determinations will be reflected in a written plan.

#### **MDOC Policy 44-01**

Inspections of safety and fire codes will be conducted annually by a qualified outside inspector. Safety and fire inspection reports will be reviewed by the Commissioner or designee. If deficiencies are identified, all corrective actions will be taken to ensure that the agency maintains compliance with all local, state and federal applicable codes.

#### **MDOC SOP 20-14-01**

(a) 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 inmates against sexual abuse. In calculating

adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted detention and correctional practices;
  - (2) Any judicial findings of inadequacy;
  - (3) Any findings of inadequacy from Federal investigative agencies;
  - (4) Any findings of inadequacy from internal or external oversight bodies;
  - (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
  - (6) The composition of the inmate population;
  - (7) The number and placement of supervisory staff;
  - (8) Institution programs occurring on a particular shift;
  - (9) Any applicable State or local laws, regulations, or standards;
  - (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
  - (11) Any other relevant factors.
- (b) In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.
- (c) 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:
- (1) The staffing plan established pursuant to paragraph (a) of this section;
  - (2) The facility's deployment of video monitoring systems and other monitoring technologies; and
  - (3) The resources the facility has available to commit to ensure adherence to the staffing plan.
- (d) 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. **PREA [§ 115.13]**

### **Analysis/Reasoning**

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates is 3,077. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated 3,077. There have not been any deviations from the staffing plan in the past 12 months at CMCF.

### **Conclusion:**

The Auditor concluded the facility has an adequate staffing plan to ensure the protection of offenders from sexual abuse. The staffing plan is reviewed in accordance with this standard. The Auditor reviewed policies, procedures, annual PREA report, facility visit form, and unannounced rounds, interviewed staff and offenders and made observations to determine the facility meets the requirements of this standard.

## **Standard 115.14: Youthful inmates**

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

#### **115.14 (a)**

- 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].) ☒ Yes ☐ No ☐ NA

#### 115.14 (b)

- 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].) ☒ Yes ☐ No ☐ 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].) ☒ Yes ☐ No ☐ NA

#### 115.14 (c)

- 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].) ☒ Yes ☐ No ☐ 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].) ☒ Yes ☐ No ☐ 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].) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (2003) Youthful Inmates
- MDOC Policy 06-02 Daily Population Reports
- MDOC Policy 45-05 Recreational Program
- MDOC Policy 45-11 Initial Evaluation
- MDOC Policy 45-28 Emergency and Disciplinary Cell Confinement
- MDOC Policy 20-05 Protection from Harm
- Daily Population Report

#### **MDOC Policy 20-14**

(a) A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. (b) In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. 12 (c) Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. **PREA [§ 115.14]**

#### **MDOC Policy 20-14-01**

(a) A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of 205 a shared dayroom or other common space, shower area, or sleeping quarters. (b) In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. (c) Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. **PREA [§ 115.14]**

#### **MDOC Policy 06-02**

The master index that is available in the MDOC Offendertrak will be utilized to account for state offenders housed in any correctional facility whether in or out of the state of Mississippi. This index will also identify offenders who are currently on supervised earned release and Intensive Supervision Programs. The report will be made available to administrators. Each institution will maintain a daily report on offender population movement.

#### **MDOC Policy 45-05**

Youthful offenders will be afforded opportunities to participate in leisure and recreation activities for a minimum of two hours each day. The YOU recreation staff will provide recreation schedules, plans for at least one hour per day of constructive leisure time and activities, and recreation components including at least one hour per day of large muscle activities. The Youthful Offender Unit staff may implement instructions regarding:

- Procedures for offenders with disabilities to request an accommodation for recreation
- Recreation unit rules for offender conduct, dress, etc.
- Use of community resources and volunteers
- Referee recruitment and training
- Special recreation areas/activities

Each youthful offender, unless on a restricted status, will have daily access to recreation areas and equipment during times not conflicting with work or program assignments.

Supervisors may cancel outside recreation activities dependent on the following factors:

- Visibility, as affected by available daylight or inclement weather.
- Temperature and wind-chill.
- Threatening weather, such as lightning, thunder and tornado warnings.
- If emergency or security situations exist at the facility.



**MDOC Policy 45-11**

It is the policy of the Mississippi Department of Corrections/Youthful Offender Unit (MDOCYOU) to provide a comprehensive evaluation to determine eligibility for special education services for all students suspected of having a disability.

**MDOC Policy 45-28**

It is the policy of the Mississippi Department of Corrections (MDOC) that youthful offenders must receive due process before the imposition of disciplinary sanctions, cell confinement and/or transfer from the YOU for disciplinary reasons. Emergency cell confinement is only used when there is a threat to the safety of the youthful offender, others, or the behavior demonstrates a substantial risk to the destruction of State property. Whenever possible, prior to placing a youthful offender on cell confinement, staff will first use less restrictive techniques including verbal de0escalation. A youthful offender is never subjected to solitary confinement.

**MDOC Policy 20-05**

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual orientation, gender identity or gender non-conformity. Abusive institutional practices are practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action.

**Analysis/Reasoning**

CMCF 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, one (1) housing unit at CMCF has been used to assign youthful inmates for sight and sound separation from adult offenders. The Youthful Offender Facility has sufficient staffing, video monitoring, programs and space to provide adequate protection for youthful offenders from sexual abuse and sexual harassment.

**Conclusion:**

There have been 20 youthful offenders assigned to the facility during the past 12 months. In the past 12 months, there were zero (0) number of youthful offenders placed in SAME HOUSING UNIT as adults at this facility and there were zero (0) number of youthful offenders who have been placed in isolation in order to separate them from adult offenders. CMCF meets this standard based on policy, auditor interviews with offenders and staff, and auditor observations.

**Standard 115.15: Limits to cross-gender viewing and searches****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.15 (a)**

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

**115.15 (b)**



- 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.)  
☒ Yes ☐ No ☐ 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 facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (c)

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

#### 115.15 (d)

- 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 ☐ No
- 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

#### 115.15 (e)

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

#### 115.15 (f)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC Policy 16-07 Control of Contraband/Body Searches-Offenders
- MDOC SOP 20-14-01 PREA (Limits to Cross Gender viewing)
- Training Curriculum
- Staff to Announce (Poster)
- Staff Training Sign-in-Log

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC Policy 16-07

Written policy, procedure, and practice provide that manual or instrument inspection of body cavities is conducted only when there is reason to do so and when authorized by the warden/superintendent or designee. The inspection is conducted in private by health care personnel.

### MDOC SOP 20-14-01

(a) 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.

(b) As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

(c) 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 inmates.

(d) The facility shall implement policies and procedures that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

(e) The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination 236 conducted in private by a medical practitioner.

(f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. **PREA [§ 115.15]**

### **Analysis/Reasoning**

CMCF 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 breasts, 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 conducted a review of the training curriculum on offenders searches. Offenders (male and female) were asked if they had been pat-searched or strip searched by a staff member of the opposite gender of the offender. Offenders informed the Auditor they had not been pat searched or strip searched by the opposite gender staff member.

The Auditor conducted formal interviews with male and female staff members. Each staff member was asked if opposite gender announcements were being made in the housing units. Each staff member informed the Auditor opposite gender announcements are being made when entering any opposite gender housing unit. The Auditor observed each PREA Logbook includes documentation that opposite gender supervisors are announcing their presence when entering offender housing units. The Auditor observed opposite gender announcements documented in post logbooks. This facility did not conduct any strip searches of inmates for the sole purpose of determining the inmate's genital status. Posters were seen throughout the facility.

### **Conclusion**

The Auditor conducted a review of MDOC policies and procedures, training curriculum, training attendance rosters, shift assignment rosters, post logbooks, interviewed staff, offenders and made observations. The Auditor concluded the CMCF staff had been appropriately trained (100% staff trained) to conduct cross-gender searches and how to make opposite gender announcements when entering housing units. Offenders have the ability to shower, change clothes and use the restroom with a level of privacy. The Auditor determined the CMCF meets the requirements of this standard.

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

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

#### **115.16 (a)**

- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  
☒ Yes ☐ No

#### 115.16 (c)

- 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 ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC Policy 20-03 Access to Programs and Services
- MDOC Policy 21-02 Offender Orientation
- MDOC Policy 22-04 Special needs Offenders
- MDOC Policy 25-04-G Care of the Physically Disable, Mentally ill, or Developmentally Disable Inmate
- MDOC SOP 20-14-01 PREA Inmates with Offender Handbook
- Posters
- Intake Information (English, Spanish)
- Statement of Fact: MDOC's contract with Jackson Life Sign Company

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC Policy 20-03

Written policy, procedure, and practice provide that male and female inmates housed in the same institution have separate sleeping quarters but equal access to all available services and programs. Neither sex is denied opportunities solely on the basis of their smaller number in the population. The Deputy Commissioner of Institutions and the Deputy Commissioner of Community Corrections or designees will establish procedures to ensure offenders have access to programs and services without discrimination

### **MDOC Policy 21-02**

The Director of Offender Services or designee will develop procedures to ensure that except in unusual circumstances, initial reception and orientation of offenders will be completed within thirty (30) calendar days after admission. Orientation will be designed to aid offenders in adjusting to confinement, in identifying the responsibilities of offenders, and to acquaint them with MDOC rules and regulations. Procedures will be developed by the Director of Offender Services or designee to ensure that a new offender receives written orientation materials and/or translations in their own language, if they do not understand English. This material will include an Offender Handbook that will include a copy of §47-5-138 and §47-5-139, and will clearly show how such sections would apply to an offender sentenced to MDOC. If a literacy problem exists, a staff member will assist the offender(s) in understanding the material presented. A document will be signed and dated by the offender after the completion of orientation.

### **MDOC Policy 22-04**

To the extent possible and within MDOC's custodial and budgetary limitations, MDOC will ensure appropriate provisions are made for special needs offenders. Procedures for special needs offenders will include the following:

- Identification of special needs offenders.
- Appropriate housing as defined by the needs of disabled, infirm and/or geriatric offenders.
- Appropriate separation housing for protective custody offenders that provides an alternative to segregated single cell confinement.
- Appropriate work assignments as defined by the needs of disabled and infirm offenders.
- Appropriate access to programs as documented by the needs and/or limitations of disabled and infirm offenders.
- Appropriate housing as defined by the needs of offenders who require the daily maintenance of psychotropic medications.
- Appropriately trained individuals to assist disabled offenders who cannot perform life functions.

### **MDOC Policy 25-04-G**

- Inmates who are physically disabled, mentally ill and/or developmentally disabled will be assessed and monitored by the medical or mental health staff in accordance with a determination of need.
- Security and the Assistant Director of Offender Services will be notified if an inmate acquires a temporary or new physical disability that may affect housing requirements or other assignments.
- The Mental Health Director or Medical Director will be available to consult with designated security staff or the Assistant Director of Offender Services regarding special housing assignments that may be required for the developmentally disabled.
- An individualized treatment plan will be developed for physically, mentally or developmentally disabled inmates who possess on-going health related issues.

### **MDOC SOP 20-14-01**

(a) The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates 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 inmates 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 inmates with disabilities, including inmates 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.



(b) 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 inmates 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.

(c) The agency shall not rely on 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 under § 115.64, or the investigation of the inmate's allegations. **PREA [§ 115.16]**

### **Analysis/Reasoning.**

CMCF has established procedures to provide disabled and limited English proficiency inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. MDOC has contracted with an agency for interpreter services to ensure effective communication with inmates with disabilities and limited English proficiency. In the past 12 months, there were zero (0) number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations.

### **Conclusion**

The Auditor concluded the agency provides information that ensures equal opportunity to offenders who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to offenders who are Limited English proficient and those who are disabled. The Auditor conducted a thorough review of the agency's SOP's, procedures, offender handbook, intake information, posters that were posted, statement of fact that MDOC has a contract with Jackson Life Sign Company and conducted interviews with staff, offenders and made observations to determine the agency meets the requirements of this standard.

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

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

#### **115.17 (a)**

- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- 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 U.S.C. 1997)? ☒ Yes ☐ No



- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency 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 inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- 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 ☐ No

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- 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 ☐ No
- 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 ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC SOP 20-14-01 PREA (Hiring and Promotional decisions)
- MDOC Policy 01-17 Contractual Services P3. MDOC Policy 03-01 General Standards of Professional Conduct
- MDOC Policy 03-05 Equal Employment Opportunities
- MDOC Policy 03-06 New Hires, Re-Hires, Promotions and Demotions
- MDOC Policy 03-14 Employment Background Investigations
- MDOC Policy 03-17 Anti-Harassment
- MDOC Policy 03-40 Release Information
- MDOC Policy 05-04 Nation Crime Information (NCIC)
- National Crime Information (NCIC)
- Employee Reference Verification Report
- Background Report
- Example of Hiring and Promotion Decisions
- Applicant Release of Information Form

### MDOC SOP 20-14-01

(a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who-

- (1) 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);
- (2) 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
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. **PREA [§ 115.17]**

#### **MDOC Policy 01-17**

All consultants and contract personnel who work with offenders and staff, including those providing services for the field division, are informed in writing about the agency's policy on confidentiality of information and agree to abide by them. This information will be furnished on or before the day the contract is signed. Any consultant or contract personnel who fails to abide by the confidentiality policy will not be awarded the contract or subject to termination of contract if the policy is violated after the contract has already been granted. No MDOC employee will be directly or indirectly interested in any contract, purchase or sale in behalf or on account of the state correctional system.

#### **MDOC Policy 03-01**

The MDOC Director of Human Resources will ensure that a written code of ethics prohibits employees from using their official position to secure privileges for themselves or others and from engaging in activities that constitute a conflict of interest. A copy of this code of ethics will be available to all employees.

#### **MDOC Policy 03-05**

Equal employment opportunity for all individuals regardless of race, color, creed, sex, religion, national origin, age, disability, physical handicap or political affiliation is the policy of the MDOC.

#### **MDOC Policy 03-06**

The Director of Human Resources will ensure procedures are established to include the following:

- All personnel covered by the Mississippi State Personnel Board (SPB) procedures and regulations are selected, retained, and promoted on the basis of merit and specified qualifications. This process will include the inclusion of adequate supporting documentation.
- Applications are reviewed by the appropriate authority to ensure applicants meet the minimum qualifications established by SPB.
- New employees are allowed to receive credit for any applicable prior training
- Provide that new employees upon entry in state service status position must successfully service a probationary period of twelve (12) months before permanent state service is granted
- Provide for lateral entry, when feasible, as well as promotion from within each institution and agency sub-division when there is adequate supporting documentation.
- Provide permanent status employees the right to grievance and appeals procedures, including an open and formal hearing, prior to their termination or demotion

#### **MDOC Policy 03-14**

The Mississippi Department of Corrections will require, as part of the pre-employment background investigations and screenings, mental health screenings for applicants applying for classifications and/or positions as law enforcement and peace officers, as well as other classifications/positions as designated by the Commissioner of Corrections. The MDOC will establish guidelines for all personnel authorized to carry a weapon other than a chemical agent and/or considered law enforcement personnel by definition of their job duties to receive a medical/physical evaluation, a mental health screening, and drug and alcohol screening prior to being issued a weapon.

#### **MDOC 03-17**

MDOC is committed to ensuring that its employees are provided with a work environment of professionalism, free from adverse working conditions and any forms of harassment. MDOC is committed to assuring that no job-related action is taken based on unlawful discrimination and/or retaliation. MDOC

prohibits any harassment with regard to sex, race, color, religion, national origin, age, sexual orientation or disability. This prohibition includes, but is not limited to, unsolicited and unwelcome remarks, gestures, physical contact, display or circulation of written or electronic materials, pictures or objects derogatory to any persons based on the characteristics listed above. Employees are instructed that they need not endure harassment on any of the bases listed above and are encouraged to bring to the attention of management any such instances which are found by the employee to be offensive.

In addition, MDOC prohibits its employees from engaging in harassment or unlawful discrimination where directed at or involving third parties with whom the employee comes into business-related contact. MDOC makes a firm commitment to address all complaints of harassment and to promptly and effectively remedy any complaints found to have merit.

MDOC will maintain a zero tolerance level toward sexual harassment. Sexual harassment is prohibited at all levels of this agency, whether between employees who are at the same level or between employees and supervisors. Sexual harassment is prohibited between members of the opposite sex or between members of the same sex. No individual should imply, suggest, or threaten that an applicant or employee's "cooperation" of a sexual nature, or refusal thereof, will have any effect on the individual's employment, assignment, compensation, advancement, or any other condition of employment. MDOC specifically prohibits any and all retaliatory acts or statements against persons who utilize the Grievance Procedure for bringing harassment complaints to the attention of management.

#### **MDOC Policy 03-40**

The MDOC Director of Human Resources will ensure that procedures are established for the release of information and verification of employment for active and terminated employees. All release of information and verification of employment requests concerning active or terminated employees must be submitted in writing on letterhead to include signature, contact number of person requesting the information, employee's name and social security number. No information will be given via telephone. Verification of employment can be mailed, faxed, scanned or emailed to the requester. The following personal information can be released without an employee release authorization form:

- Date of hire
- Date of separation
- Job classification or title
- Employment status (full-time, part-time, or contract employee)

The following personal information can not be released without an employee release authorization form:

- Employee's address
- Wages
- Insurance information
- Eligibility for rehire

#### **MDOC Policy 05-04**

The NCIC full access operator shall enter fugitives on NCIC when the proper documents have been sent to the full access terminal. No entry shall be made until all mandatory documentation to enter a fugitive warrant is received by the full access operator. The NCIC equipment shall be maintained in a secure area protected from intrusion by unauthorized persons.

#### **Analysis/Reasoning**

MDOC SOP 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 least every five years for current employees and contractors who may have contact with inmates. The policy is consistent with the requirements of the standard. In the past 12 months, 818 persons hired who may have contact with inmates who have had criminal background record checks.

## Conclusion

In the past 12 months, there were 818 persons hired who may have contact with inmates who have had criminal background record checks. In the past 12 months, there were zero (0) number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: The Auditor concluded the CMCF is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's SOP's, policies, procedures, employee records, contractor records, Background Investigation Questionnaire, Confidential Summary Background Investigation Report, Employment Application, Criminal History Background Check Tracking, and interviewed staff and contractors to determine the agency meets the requirements of this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.)  
☐ Yes ☐ No ☒ NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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, whichever is later.)  
☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 (PREA)
- MDOC 20-14-01 PREA (Upgrades to facilities and technology)
- Statement of Fact

#### MDOC SOP 20-14-01

(a) 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 inmates from sexual abuse. (b) 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 inmates from sexual abuse. **PREA [§ 115.18]**

#### Conclusion

This facility is equipped with a video monitoring/electronic surveillance system that is suitable for appropriate protection to protect offenders from sexual abuse. This auditor finds this standard compliant.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

**115.21 (c)**

- 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 ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

**115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?  
☒ Yes ☐ No

**115.21 (e)**

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

**115.21 (f)**

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

**115.21 (g)**

- Auditor is not required to audit this provision.

**115.21 (h)**



- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 12-05 Criteria for Correction Investigation Division (CID) Investigation
- MDOC Policy 16-14 Preservation of Physical Evidence
- MDOC Policy 20-06 Searches and Preservation of Evidence
- MDOC SOP 20-14-01 Evidence Protocol and Forensic Medical Examinations
- Training Records/Investigations/Victim Advocate
- MOU: Mississippi Coalition against Sexual Assault
- Memo from Chief Medical Director

#### MDOC Policy 12-05

CID staff having the status of Mississippi certified law enforcement officers pursuant to Sections 47-5-54 and 45-6-3 of the Mississippi Code, who are primarily responsible for conducting investigations relating to criminal/administrative and/or policy and procedural violations by employees and offenders.

#### MDOC Policy 16-14

Written policy, procedure, and practice provide for the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institutional regulation. At a minimum, the procedures shall address the following:

- Chain of custody
- Evidence handling
- Location and storage requirements

All evidence and/or contraband received into CID custody will require:

- Receipt denoting all relevant information
- Secure storage
- Chain of Custody Form

#### MDOC Policy 20-06

Written policy, procedure, and practice govern all searches and preservation of evidence when an inmate is suspected of a new crime. Such searches are authorized only by the warden/superintendent or

designee unless immediate action is necessary; in such cases the warden/superintendent or designee is fully informed as soon as possible after the search.

#### **MDOC Policy 20-14-01**

- (a) 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.
- (b) 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.
- (c) 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 evidentiary 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.
- (d) 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.
- (e) 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.
- (f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.
- (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.
- (h) 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.

#### **PREA [§ 115.21]**

#### **Analysis/Reasoning**

MDOC Corrections Investigation Division is responsible for conducting sexual abuse investigations as outlined in MDOC Policy 12-05. Additionally, policies that outline evidence protocol and requirements for forensic medical exams are found in MDOC Policy 16-14 and MDOC 20-14-01. MDOC has signed a Memorandum of Understanding with the Mississippi Coalition against Sexual Assault (MSCASA) to make MSCASA's services available to victims of sexual assault. A memorandum from the Chief Medical Officers states, "All inmates that present to the medical department with a complaint of sexual assault are sent to an offsite hospital emergency room for evaluation and sexual assault kit (rape kit). The sexual assault kit involves an examination and collection of body fluids and specimens that may be preserved and used as evidence. Most hospital emergency rooms have SANE trained nurses who are used to assist in specimen collection." All victims of sexual abuse have access to a forensic medical

examination at an outside facility without any cost to them. Examinations are conducted by SANES/SAFEs when available. Within the past 12 months, CMCF had zero(0) forensic medical exams conducted. Within the past 12 months, CMCF had zero (0) exams performed by SAFEs/SANEs and one (1) performed by a qualified medical practitioner.

### **Conclusion**

The agency is utilizing an appropriate uniformed evidence protocol to maximize the potential for usable physical evidence. The facility makes victim advocates available to victims of sexual abuse and ensures access to a forensic examination performed by a certified Sexual Abuse Nurse Examiner. The Auditor reviewed the MDOC policies, procedures, Memorandums of Understanding, and conducted interviews with staff, SANE, and Victim Advocate. The Auditor determined the agency meets the requirements of this standard.

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

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

#### **115.22 (a)**

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

#### **115.22 (b)**

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

#### **115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication 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).] ☐ Yes ☐ No ☒ NA

#### **115.22 (d)**

- Auditor is not required to audit this provision.

#### **115.22 (e)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC SOP 20-14-01 Policies to Ensure Referrals of Allegations for Investigation
- MDOC Policy 12-01 (CID) Inspections and Investigations
- MDOC Policy 20-04 Notifications of Incidents to the Corrections Investigations Division
- MDOC Policy 12-05 Criteria for CID Investigations
- Annual PREA Website Information
- MDOC PREA Offender Referral Form

#### MDOC SOP 20-14-01

- (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- (b) 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.
- (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.
- (d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.
- (e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. **PREA [§ 115.22]**

#### MDOC Policy 12-01

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a Corrections Investigation Division (CID) to provide the Commissioner with information pertaining to administrative and/or criminal investigations of employees, offenders or other individuals, insofar as their actions involve MDOC, to conduct on-site MDOC facility inspections, and refer criminal violations to the District Attorney.

#### **MDOC Policy 12-04**

Extraordinary infractions to be reported immediately to CID via the involved MDOC chain of command:

- Discharge of authorized MDOC firearm (see MDOC 16-12, Use of Firearms)
- Escapes (Institutional, Community Work Centers, Private Prisons and County Regionals)
- Allegations of criminal conduct (i.e., murder, rape, arson, escapes, aggravated assaults)
- Drug-related offenses by staff, offenders or visitors
- Hostage situations
- Riots, melees or disturbances
- Critical incidents
- Use of Force (see MDOC 16-13, Use of Force)
- Sexual relations between staff and offenders

Infractions of a less critical nature that may be reported to CID on the next available business day:

- Embezzlement
- Extortion
- Fraud
- Simple assault
- Fights
- Restitution Center walk-offs

#### **MDOC Policy 12-05**

The Commissioner establishes that the Director of CID will use the following criteria in screening complaints for investigation:

- Determine if federal and state laws have been violated
- Determine policy and/or procedure violations
- Consider length of reporting time
- Determine credibility of individuals providing information
- Determine seriousness of allegations
- Determine jurisdictional boundaries

#### **Analysis/Reasoning**

MDOC 20-14-01, Policy 12-05 Criteria for Corrections Investigations meets the requirement of this standard. MDOC conducts an administrative review for all allegations of sexual abuse and sexual harassment as stated MDOC policy 20-14-01. During the past 12 months, CMCF received (41) number of allegations of sexual abuse or sexual harassment received. During the past 12 months, (38) number of allegations resulted in an administrative investigation. During the past 12 months, (3) number of allegations resulted in criminal investigation. This policy is available on the MDOC website.

The Auditor conducted formal interviews with offenders who made an allegation of sexual abuse. The Auditor asked each if they spoke to an investigator after making the allegation. Each informed the Auditor they did speak to an investigator. The Auditor asked each how long it took before the investigator met with them. Each offender stated they met with the investigator quickly.

#### **Conclusion**

The Auditor concluded the CMCF appropriately refers criminal allegations of sexual abuse and sexual harassment to the SIU office who maintains the legal authority to conduct criminal investigations in the facility. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies, procedures, website, investigative records, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.

## **TRAINING AND EDUCATION**

## Standard 115.31: Employee training

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

### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- 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 ☐ No

### 115.31 (b)

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

### 115.31 (c)



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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 Employee Training
- MDOC Policy 04-01 Establishment of Training Department and Training Plan
- MDOC Policy 04-02 Orientation and In-Service Training
- PREA Training Curriculum
- MDOC Flex Training Form (example)
- MDOC Training Division Website Information
- Employee Training Records

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC Policy 20-14-01

- (a) The agency shall train all employees who may have contact with inmates 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 inmates 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 inmates;

(9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

(b) Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.

(c) 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.

(d) The agency shall document, through employee signature or electronic verification that employees understand the training they have received. **PREA [§ 115.31]**

#### **MDOC Policy 04-01**

Written agency policy, procedure, and practice provide that the agency's employee training programs are coordinated and supervised by a qualified staff member.

#### **MDOC Policy 04-02**

Written agency policy, procedure, and practice provide that all full-time employees receive forty hours of orientation prior to job assignment. Written policy, procedure, and practice provide that all correctional officers receive at least 40 hours of annual training. This training shall include at a minimum the following areas:

- standards of conduct/ethics
- security/safety/fire/medical/emergency procedures
- supervision of offenders including training on sexual abuse and assault
- use of force

#### **Analysis/Reasoning**

**Problem I:** In B-Building, the shower area does not provide privacy for the female inmates when they come out of the shower stalls. All inmates in the dayroom area and bed area near the front can see the inmates coming out of the shower stalls. This situation may subject some inmates to the risk of being sexual harassed.

**Corrective action needed:** Putting up shower curtains to cover the opening to the dayroom within 40 days of the onsite audit will resolve this problem.

**Corrective Action:** On December 1, 2021, the auditor received pictures of installed shower curtains in the shower areas in the Women's A, B, and C buildings.

**Problem II:** Auditor observed sheets on a rope line in the toilet areas of several housing areas. This action creates an unsafe area which could contribute to sexual assault in the toilet area.

**Corrective action needed:** Tower officers should be instructed to remove any sheets that may obstruct their view of the non-private part of the restroom. Auditor would like to see a written directive from Superintendent McClure to security staff to keep sheets out of the toilet areas, and to write up violators if necessary. Action to be completed within 40 days of the onsite audit will satisfy this concern.

**Corrective action:** On November 24, 2021, the auditor received a copy of Superintendent McClure's Memo dated November 15, 2021 to CMCF staff addressing problem II.

**Problem III:** Auditor received complaints from some inmates who were interviewed about inmates were being strip searched in the zones without privacy from other staff or inmates not conducting the strip search.

**Corrective action needed:** Superintendent McClure may send out a memo reminding staff to follow MDOC- SOP Number 16-07-01 -Control of Contraband/Body Searches-Offenders. This SOP defines a Strip Search as a visual search/examination of a disrobed offender by a minimum of two staff members in a location restricted from the visual observation of non-involved MDOC staff and /or other persons. This memo sent out within 40 days of the onsite audit will satisfy this concern.

**Corrective action:** On November 24, 2021, the auditor received a copy of Superintendent McClure's Memo dated November 15, 2021 to CMCF staff addressing problem III.

**Problem IV:** Some employees say they did not receive PREA training within the past 12months. MDOC Policy 20-14-01, pp. 11-12, line 524-552 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 in accordance with MDOC Policy 04-02, and between trainings, MDOC employs agency directives to provide employees with information about current policies regarding sexual abuse and harassment in the past 12 months.

**Corrective action needed:** All employees who have direct contact with inmates should be trained on PREA requirements. Written documentation that all employees interviewed plus an additional 30 employees not interviewed have received PREA training within the past 12 months. Receipt of this documentation within 40 days of the onsite audit will satisfy this concern.

**Corrective action:** On November 23, 2021, I received all the training documentation required to correct problem IV.

#### **Conclusion:**

The Auditor finds this standard to be in compliance based upon the above stated action.

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

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

##### **115.32 (a)**

- 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 ☐ No

##### **115.32 (b)**

- 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 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)? ☒ Yes ☐ No

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC Policy 07-01 Volunteer Programs
- MDOC 20-14-01 PREA (Volunteer and Contractor Training)
- Training Curriculum
- Volunteer Agreement
- Volunteer Orientation
- Volunteer Registration
- Volunteer Handbook

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC Policy 07-01

Written policy and procedure specify who is responsible for operating a citizen involvement and volunteer service program, and his or her lines of authority, responsibility, and accountability. There is an official registration and identification system for volunteers. Volunteers agree in writing to abide by all facility policies, particularly those relating to the security and confidentiality of information.

## **MDOC SOP 20-14-01**

- (a) The agency shall ensure 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.
- (b) 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- (c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. **PREA [§ 115.32]**

### **Analysis/Reasoning**

CMCF 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. CMCF 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, (0) numbers of volunteers and contractors have received training on these policies.

### **Conclusion**

CMCF 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**

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

#### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

#### **115.33 (b)**

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

#### **115.33 (c)**

- Have all inmates received such education? ☒ Yes ☐ No
- 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 ☐ No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  
☒ Yes ☐ No

#### 115.33 (f)

- 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 ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Inmate Education)
- MDOC Policy 21-01 Reception and Admissions
- MDOC Policy 21-02 Offender Orientation
- MDOC Policy 25-04-F Health and Promotion
- Inmate Handbook
- PREA Intake Forms (English, Spanish)
- PREA Tip Line Posters (English, Spanish)
- Statement of Fact: PREA Video is shown to All offenders during the intake process.

### **MDOC Policy 20-14**

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### **MDOC SOP 20-14-01**

(a) During the intake process, inmates 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.

(b) Within 30 days of intake, the agency shall provide comprehensive education to inmates 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.

(c) Current inmates 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 inmate's new facility differ from those of the previous facility.

(d) The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

(e) The agency shall maintain documentation of inmate participation in these education sessions.

(f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. **PREA [§ 115.33]**

### **MDOC Policy 21-01**

Written policies and procedures govern the admission of inmates new to the system. These procedures include, at a minimum, the following:

- determining that the inmate is legally committed to the institution
- thorough searching of the individual and possessions
- disposing of personal property
- showering and hair care, if necessary
- issuing of clean, laundered clothing as needed
- photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics
- medical, dental, and mental health screening
- assigning to housing unit
- recording basic personal data and information to be used for mail and visiting list
- explaining mail and visiting procedures

- assisting inmates in notifying their next of kin and families of admission
- assigning of registered number to the inmate
- giving written orientation materials to the inmate
- documenting any reception and orientation procedure completed at a central reception facility

#### **MDOC Policy 21-02**

Written policy, procedure, and practice provide that new inmates receive written orientation materials and/or translations in their own language. These materials may also be provided electronically, but inmates in special management housing and restrictive housing must be provided information in a written format so that their access to information is not impeded by their custody status. When a literacy problem exists, a staff member assists the inmate in understanding the material. Completion of orientation is documented by a statement signed and dated by the inmate.

#### **MDOC Policy 25-01-F**

The Medical Provider will provide inmates with basic concepts related to health promotion, including health education services and disease prevention. Appropriate health services staff will instruct inmates on subjects relative to disease prevention and health maintenance. These health education and self-care instructions will routinely be provided during sick call encounters. Both verbal and written instructions will be provided to inmates via the utilization of education sheets provided with the Nurse Protocol Manual. Subjects may include:

- Personal hygiene
- Sexually Transmitted Disease
- Tuberculosis and Other Communicable Diseases
- Preventive Dental Education
- Drug and Alcohol Problems
- Physical Fitness
- Chronic Disease and Disabilities
- Effects of Smoking and Smoking Cessation Counseling
- Self-Examination for Breast and Testicular Cancer
- Nutrition
- Stress Management
- HIV Infection and AIDS
- Prevention of Sexual and Other Physical Violence
- Mental health topics are included in the health education programs
- "Keep on Person" Medications

#### **Analysis/Reasoning**

Per MDOC Policy 20-14-01, p.13 all inmates arriving at CMCF through intake must receive information 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.

**Corrective action needed:** CMCF must have signed PREA documentation from all assigned inmates. Signed PREA documentation from all inmates interviewed plus and additional fifty inmate not interviewed sent to the auditor within 40 days of the onsite audit will satisfy auditor's concern.

**Corrective action:** On November 23, 2021, the auditor received the documentation to fulfill the requirements of this standard.



## Conclusion

The Auditor finds this standard to be in compliance based upon corrective action.

### Standard 115.34: Specialized training: Investigations

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

##### 115.34 (a)

- 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 have received 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 ☐ No ☐ NA

##### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

##### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

##### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Specialized Training: Investigations)
- MDOC Policy 21-01 Corrections Investigation Division (CID) Inspections and Investigation
- MDOC Policy 21-05 Criteria for Corrections Investigation Division (CID) Investigations
- CID Web Page
- Training Roster
- Training Curriculum for Investigations in Confinement Facilities

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC SOP 20-14-01

(a) 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.

(b) 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.

(c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

(d) Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

### PREA [§ 115.34]

### MDOC Policy 12-01

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a Corrections Investigation Division (CID) to provide the Commissioner with information pertaining to administrative and/or criminal investigations of employees, offenders or other individuals, insofar as their actions involve MDOC, to conduct on-site MDOC facility inspections, and refer criminal violations to the District Attorney.

### MDOC Policy 12-05

The Commissioner establishes that the Director of CID will use the following criteria in screening complaints for investigation:

- Determine if federal and state laws have been violated
- Determine policy and/or procedure violations
- Consider length of reporting time
- Determine credibility of individuals providing information
- Determine seriousness of allegations
- Determine jurisdictional boundaries

### **Analysis/Reasoning**

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. Nine (9) investigators currently employed at CMCF completed the required PREA training.

### **Conclusion**

Auditor finds CMCF in compliance of this standard based on review of MDOC Policy 20-14-01, review of investigators' training records, and interview with the Investigator.

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

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

#### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

#### **115.35 (b)**

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

#### **115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Specialized Training: Medical and Mental Health Care)
- MDOC Policy 25-11 (G) Procedure in the Event of a Sexual Assault
- MDOC Policy 25-03 (C) Training (Medical)
- Medical Specialized Training PowerPoint with sign-in sheets
- Medical Employee Roster

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC SOP 20-14-01

(a) 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.

(b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

(c) 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. 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. **PREA [§ 115.35)**

#### **MDOC Policy 25-11 (G)**

Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence, or 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 (for example, HIV gonorrhea, hepatitis, other diseases) and counseling, as appropriate
- prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, 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.

#### **MDOC Policy 25-03**

Written policy, procedure, and practice provide that all professional specialist employees who have inmate contact receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter. The Health Services Administrator or designee will develop a twelve (12) month training schedule. Medical staff will be solicited for their input specific to topical selections that would best suit their professional needs and/or interests.

#### **Analysis/Reasoning**

One hundred percent (100%) of CMCF 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. CMCF's medical staff does not conduct forensic examinations.

#### **Conclusion**

This Auditor finds CMCF compliant 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.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

#### **115.41 (a)**

- 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 ☐ No
- 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 ☐ No

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.41 (e)

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

#### 115.41 (f)

- 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 ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

- 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 ☐ No



#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Risk of Sexual Victimization and Abusiveness)
- MDOC Policy 44-02 Offender Housing
- Mental Health Intake Screening Form
- Psychological Evaluation Initial Screening
- Medical History Intake Screening Form

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC SOP 20-14-01

- (a) All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.
- (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.
- (c) Such assessments shall be conducted using an objective screening instrument.
- (d) The intake screening shall 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;
  - (2) The age of the inmate;
  - (3) The physical build of the inmate;
  - (4) Whether the inmate has previously been incarcerated;
  - (5) Whether the inmate's criminal history is exclusively nonviolent;
  - (6) Whether the inmate has prior convictions for sex offenses against an adult or child; gender nonconforming;
  - (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or

- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.
- (e) 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 inmates for risk of being sexually abusive.
- (f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
- (g) An inmate'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 inmate's risk of sexual victimization or abusiveness.
- (h) Inmates 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.
- (i) 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 inmate's detriment by staff or other inmates. **PREA [§ 115.41]**

#### **MDOC Policy 44-02**

All cell/rooms in Special Management Housing provide a minimum of 80 square feet, and shall provide 35 square feet of unencumbered space for the first occupant and 25 square feet of unencumbered space for each additional occupant. The Standards Committee determined that segregation housing does not have to be single celled. Written policy, procedure, and practice provide that single-occupancy cells/rooms, shall be available, when indicated, for the following:

- inmates with severe medical disabilities
- inmates suffering from serious mental illness
- sexual predators
- inmates likely to be exploited or victimized by others
- inmates who have other special needs for single housing

When confinement exceeds 10 hours a day, there is at least 50-square feet of total floor space, which 35-square feet is unencumbered space.

#### **Analysis/Reasoning**

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. During the past 12 months (3120) inmates entered the facility. Within the past 12 months, there were (0) inmates (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

**Corrective action needed:** CMCF should complete a risk assessment on all inmates assigned to the facility as soon as possible. In addition, a 30-day reassessment need to be completed on all inmates. Completion of a risk assessment and a 30 days reassessment of 150 of the most recent arrivals within 40 days of the onsite audit will satisfy the auditor for this standard.

**Corrective action:** On December 9, 2021, I received the documentation requested to comply with this standard.

**Conclusion** The Auditor finds this standard to be in compliance based upon documentation received.

## Standard 115.42: Use of screening information

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

### 115.42 (a)

- 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 ☐ No
- 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 ☐ No
- 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: Work Assignments? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

### 115.42 (b)

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

### 115.42 (c)

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

### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  
☒ Yes ☐ No

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Use of Screening Information)
- MDOC Policy 20-05 Protection From Harm
- Intake Medical History and Screening/Intake Mental Health Screen
- Keep Separate (example)
- Offendertrak (Screening of Inmates with Abuse)

### **MDOC Policy 20-14**

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### **MDOC SOP 20-14-01**

- (a) 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 inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
- (b) The agency shall make individualized determinations about how to ensure the safety of each inmate.
- (c) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.
- (d) Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.
- (e) A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.
- (f) Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.
- (g) The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates 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 inmates. **PREA [§115.42]**

### **MDOC Policy 20-05**

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual orientation, gender identity or gender non-conformity. Abusive institutional practices are practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action.

Written policy, procedure, and practice protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment.

### **Analysis/Reasoning:**

CMCF 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 784-787. CMCF

makes individualized determinations on how to ensure the safety of each inmate per MDOC Policy 20-14-01, p17, line 788-796. A transgender or intersex inmate's own view 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. CMCF does not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated buildings or wings.

### Conclusion

This Auditor find's CMCF 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

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

#### 115.43 (a)

- 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 ☐ No
- 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 ☐ No

#### 115.43 (b)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)



- 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   ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes   ☐ No

#### 115.43 (d)

- 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   ☐ No
- 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   ☐ No

#### 115.43 (e)

- 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   ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Protective Custody)
- MDOC Policy 20-05 Protection From Harm
- MDOC SOP 19-01-02 (Protective Custody)
- MDOC Policy 19-04 High Risk-Offenders
- Statement of Fact

#### MDOC 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that



contract for the confinement of MDOC offenders.

#### **MDOC SOP 20-14-01**

(a) Inmates at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

(b) Inmates 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.

(c) The facility shall assign such inmates 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.

(d) 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 inmate's safety; and
- (2) The reason why no alternative means of separation can be arranged.

(e) Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. **PREA [§ 115.43]**

#### **MDOC Policy 20-05**

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual orientation, gender identity or gender non-conformity. Abusive institutional practices are practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action.

#### **MDOC Policy 19-01-02**

It is the policy of the Mississippi Department of Corrections (MDOC) to establish and maintain procedures for housing assignments of offender(s) who have been recommended for protective custody and/or require protective measures.

#### **MDOC Policy 19-04**

Written policy, procedure, and practice provide for a system that identifies and monitors the movements and activities of inmates who pose a significant concern to the safety, security and orderly management of correctional institutions. This system should ensure that appropriate staff are made aware of these inmates and that procedures exist to ensure information is current and communicated in a timely fashion.

#### **Analysis/Reasoning**

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 CMCF, there were no inmates at risk of sexual victimization were held in involuntary segregated housing.

## Conclusion

This Auditor finds CMCF in compliance with this standard based on a review of policy and procedures and interviews of relevant staff and inmates.

# REPORTING

## Standard 115.51: Inmate reporting

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

### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

### 115.51 (b)

- 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 ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA
- MDOC Policy 31-01 (Offender Mail Services)
- MDOC Policy 31-02 (Offender Telephone Privileges)
- Notifications of Tip-Line calls form
- Inmate Handbook
- PREA Web Site Information
- PREA Tip Line Poster (English, Spanish)
- MOU with Miss. Coalition Against Sexual Assault
- Statement of Fact

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC SOP 20-14-01

(a) The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

(b) The agency shall also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate 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.

(c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

(d) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. **PREA [§ 115.51]**

#### **MDOC Policy 31-01**

Written policy, procedure, and practice specify that inmates are permitted to send sealed letters to a specified class of persons and organizations, including but not limited to the following: courts; counsel; officials of the confining authority; state and local chief executive officers; administrators of grievance systems; and members of the paroling authority. Staff, in the presence of the inmate, may be allowed to inspect outgoing privileged mail for contraband before it is sealed. Mail to inmates from this specified class of persons and organizations may be opened only to inspect for contraband and only in the presence of the inmate, unless waived in writing, or in circumstances which may indicate contamination.

#### **MDOC Policy 31-02**

Written policy, procedure, and practice ensure that offenders have access to reasonably priced telephone services. Correctional agencies ensure that:

- contracts involving telephone services for offenders comply with all applicable state and federal regulations.
- contracts are based on rates and surcharges that are commensurate with those charged to the general public for like services. Any deviation from ordinary consumer rates reflects actual costs associated with the provision of services in a correctional setting.
- contracts for offender telephone services provide the broadest range of calling options determined by the agency administrator to be consistent with the requirements of sound correctional management

#### **Analysis/Reasoning**

MDOC has established procedure 20-14-01, p.18 L. 851-863, 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, CMCF staff/inmate may call a confidential hotline to report suspected instances of sexual assault. Another avenue for inmates to report incidents is to file a grievance and complete an incident report.

#### **Conclusion**

During interviews, residents stated that they could talk to any of the staff if they had any issue. Several expressed that they felt safe and knew of the PREA safety postings on the bulletin boards in the housing units, dining hall, and other common areas. According to the Statement of Fact, the agency does not house offenders for immigration purposes. This Auditor finds CMCF to be in compliance with this standard based upon interviews of staff and residents, observations during the tour, and review of relevant policies and procedures.

### **Standard 115.52: Exhaustion of administrative remedies**

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

##### **115.52 (a)**

- 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. ☒ Yes ☐ No ☐ NA

#### 115.52 (b)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

#### 115.52 (c)

- 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 ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

#### 115.52 (e)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

#### 115.52 (f)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

- 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 ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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



## Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Exhaustion of Administrative Remedies)
- MDOC Policy 20-08 Grievance Procedures
- MDOC Inmate Handbook (Grievances)

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC SOP 20-14-01

- (a) An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.
- (b) (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.
- (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.
- (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.
- (c) The agency shall ensure that-
- (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint.
- (d) (1) 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.
- (2) Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal.
- (3) 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 inmate in writing of any such extension and provide a date by which a decision will be made.
- (4) 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, the inmate may consider the absence of a response to be a denial at that level.
- (e) (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for -administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.
- (2) 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.

(3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

(f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging an inmate 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 inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

(g) The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. **PREA [§115.52]**

### **MDOC Policy 20-08**

Inmates may request administrative remedy for situations arising from policies, conditions, or events within the department that affect them personally including, but not limited to:

- Lost property claims
- Staff conduct
- Conditions of confinement
- Policy and procedure
- Reprisals for using this process
- Mail and packages
- Classification (to include discipline)
- Discrimination based on offender's race, ethnicity, gender or religion

### **Analysis/Reasoning**

MDOC Policies 20-14-01 and 20-08 establish administrative procedures for dealing with inmate grievances regarding sexual abuse. A procedure 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 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, (3) grievances were filed of alleged sexual abuse. In the past 12 months, (3) grievances were filed alleging sexual abuse that reached final decision within 90 days after being filed. In the past 12 months, (0) alleging sexual abuse that

involved extensions because final decision was not reached within 90 days.

### **Conclusion:**

The Auditor determined the MDOC has appropriate policies and procedures in place for addressing offender allegations of sexual abuse and an imminent risk of sexual abuse. Facility staff understand the agency's procedures and the offender population is aware they can submit grievances alleging sexual abuse and/or risk of imminent sexual abuse. The Auditor reviewed the agency's policies, procedures, Offender Handbook, grievances, investigative records, and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard.

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

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

### 115.53 (a)

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

### 115.53 (b)

- 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 ☐ No

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Inmate Access to Outside Confidential Support Services)

- MOU between MDOC and MS Coalition Against Sexual Assault/Contact Information
- PREA Website Information

#### **MDOC Policy 20-14**

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### **MDOC SOP 20-14-01**

- The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.
- The facility shall 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.
- The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. **PREA [§ 115.53]**

#### **Analysis/Reasoning**

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.

#### **Conclusion**

The facility maintains documentation it provides emotional support services for sexual abuse victims through written agreements. Contact information with the organization is provided by intake personnel through the Offender Handbook and comprehensive education. The Auditor reviewed the MDOC policies, procedures, Memorandum of Understanding, Offender Handbook, training acknowledgements and interviewed staff, offenders and victim advocate to determine the facility meets the requirements of this standard.

#### **Standard 115.54: Third-party reporting**

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

##### **115.54 (a)**

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

#### **Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Third Party Reporting)
- PREA Website
- PREA Tip Line Posters (English, Spanish)

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC SOP 20-14-01

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 inmate. **PREA [§ 115.54]**

#### Analysis/Reasoning

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.

#### Conclusion

CMCF is in compliance of this standard based on observations of documents, review of MDOC website, and interviews with staff and inmates.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the*

*auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Staffing and Agency Reporting Duties)
- MDOC Policy 20-05 (Protection from Harm)

#### **MDOC Policy 20-14**

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### **MDOC SOP 20-14-01**

- (a) 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 inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- (b) 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.
- (c) 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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
- (d) 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.
- (e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. **PREA [§ 115.61]**

#### **MDOC Policy 20-05**

Written policy, procedure, and practice protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment.

#### **Analysis/Reasoning:**

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.

#### **Conclusion**

The Auditor concluded staff, is aware of the MDOC requirement to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information obtained by an allegation. Interviews with medical and mental health practitioners revealed they understand the requirements for reporting sexual abuse that occurred in a community setting and for youthful offenders. The Auditor reviewed agency policies, procedures, training curriculum, investigative reports and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard.



## Standard 115.62: Agency protection duties

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

### 115.62 (a)

- 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 ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Protection Duties)
- MDOC Policy 20-05 (Protection from Harm)
- MDOC 19-01-02 (Protective Custody)
- Keep Separate (Example)

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC SOP 20-14-01

When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. **PREA [§ 115.62]**

### MDOC Policy 20-05

Written policy, procedure, and practice protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment.

### MDOC Policy 19-01-02

Written policy, procedure, and practice provide that an inmate is admitted to the special management housing unit for protective custody only when there is documentation that protective custody is



warranted and no reasonable alternatives are available. Written policy, procedure, and practice provide that a qualified mental health professional personally interviews and prepares a written report on any inmate remaining in special management housing for more than 30 days. If confinement continues beyond 30 days, a mental health assessment by a qualified mental health professional is made at least every 30 days for inmates who have and identified mental health need and every three months for all other inmates - more frequently if prescribed by the chief medical authority. Written policy, procedure, and practice provide for a review of the status of inmates in special management housing by the classification committee or other authorized staff group every seven days for the first two months and at least every 30 days thereafter.

The following conditions will generally apply to an offender housed in a Protective Custody Housing Unit. An offender may be denied any specific condition(s) listed in this section or face restrictions to ensure order, control and/or protection. Any such restriction(s) will be authorized by the Warden/designee and documented in the Protective Custody Housing Unit log. Protective Custody offenders will be kept separate from General Population offenders and activities will be directly monitored by staff. Consistent with safety and security, the following conditions for offenders assigned to each Protective Custody Housing Unit will reasonably resemble the living conditions provided to general population offenders assigned to the facility and in accordance with MDOC policy and procedures:

- Housing (to include square footage, selectively double bunking/single cell, furnishings, ventilation, lighting, heating and sanitation)
- Clothing
- Personal hygiene (to include hair care)
- Food
- Linen and laundry
- Access to court
- Mail
- Telephone
- Visits
- Day room access
- Health care
- Personal property

### **Analysis/Reasoning**

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.

### **Conclusion:**

The Auditor concluded the CMCF takes immediate and appropriate actions to ensure the protection of offenders who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed agency policy, procedures, investigative records, conducted interviews with staff and offenders, made observations and determined the CMCF meets the requirements of this standard.

## **Standard 115.63: Reporting to other confinement facilities**

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

#### **115.63 (a)**

- 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 ☐ No

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Reporting to Other Confinement Facilities)
- Statement of Fact

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC SOP 20-14-01

- (a) Upon receiving an allegation that an inmate 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.
- (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- (c) The agency shall document that it has provided such notification.

(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. **PREA [§ 115.63]**

### **Analysis/Reasoning**

The Auditor conducted a formal interview with the facility's Superintendent. The Superintendent explained he notifies another facility once the CMCF receives an allegation that an offender alleges suffering sexual abuse at another facility. The Superintendent places a telephone call followed by an email to make notification. When asked when the notification would occur the Superintendent explained he has up to 72 hours to make the notification but would make the notification as soon as he receives it. The Auditor asked the Superintendent to explain what takes place when he receives notification from another facility that a former CMCF offender has alleged suffering sexual abuse at the CMCF. The Superintendent stated he would ensure the investigator is notified so an investigation would be conducted.

### **Conclusion**

In the past 12 months, CMCF received (3) allegations that an inmate was abused while confined at another facility. This facility has not had any reported (0) allegations that an inmate was abused while confined at this facility within the last 12 months. A review of MDOC Policy 20-14-01 and interviews of staff and inmates show CMCF is in compliance of this standard.

## **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**

- 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   ☐ No
- 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   ☐ No
- 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   ☐ No
- 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   ☐ No

#### **115.64 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Staff First Responder Duties)
- MDOC Policy 20-05 (Protection from Harm)
- MDOC Policy 16-14 (Preservation of Evidence)
- Sexual Response and Containment Checklist (Example)
- Statement of Fact

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC SOP 20-14-01

(a) Upon learning of an allegation that an inmate 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.

(b) 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. **PREA [§ 115.64]**

### MDOC Policy 20-05

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual

orientation, gender identity or gender non-conformity. Abusive institutional practices are practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action.

#### **MDOC Policy 16-14**

Written policy, procedure, and practice provide for the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institutional regulation. At a minimum, the procedures shall address the following:

- Chain of custody
- Evidence handling
- Location and storage requirements

#### **Evidential Documentation**

One or more of the following will accompany all evidence and/or contraband provided to Corrections Investigation Division:

- Rule Violation Report (RVR)
- Incident Report
- Non-Allowable Items List
- Chain of Custody Form

All evidence and/or contraband received into CID custody will require:

- Receipt denoting all relevant information
- Secure storage
- Chain of Custody Form

#### **Analysis/Reasoning:**

The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. First responders stated they would maintain separation of the victim and abuser and immediately notify the CID (Corrections Investigation Division). Security staff stated they would request the victim and ensure the abuser not shower, eat, use the restroom, brush their teeth, drink or take any actions that could destroy physical evidence. The Auditor asked each what action they take regarding the crime scene. Staff stated they ensure the crime scene is secured. The Auditor asked each if they knew who would be allowed in the crime scene to process the evidence. Staff understood the MDOC CID Investigator would process evidence from the crime scene.

Each staff member interviewed by the Auditor was asked how they preserve evidence of a crime scene. Staff informed the Auditor a cell door would be locked if the incident occurred in a cell. Staff stated a security member would be posted in an area if the alleged incident occurred in an area outside of a cell. Staff stated the population would be locked down following an incident until the evidence could be processed. The Auditor asked how they document their actions. Each staff member stated they are required to submit an RVR and Incident Report and required to include information in the housing unit logbook.

#### **Conclusion**

In the past 12 months, there were (3) allegations that an inmate was sexually abused. There were (3) instances when the security staff first responder had to separate the alleged victim and the abuser. In the past 12 months, there was (1) allegation where staff was notified with in a time period that still allowed for the collection of physical evidence. Of these allegations, the number of times that the first security staff member to respond to the report:

- (1) Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:
- (2) Requested 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:
- (3) Ensured 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.

There were (0) instances in the past 12 months where non-security staff served as first responders to an allegation of inmate sexual abuse. Of those allegations responded to first by a non-security staff member, the number of times that staff member:

- (1) Requested that the alleged victim not take any actions that could destroy physical evidence (0)
- (2) Notified security staff: (0) This Auditor finds CMCF in compliance of this standard based on review of audit files, and interviews of investigative staff, and random staff.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Coordinated Response)
- MDOC Policy 20-05 (Protection from Harm)
- MDOC Policy 25-11-G (Procedures in the Event of Sexual Assault)
- MDOC Policy 12-05 (Criteria for Corrections Investigation Division Investigations)
- Sexual Assault Respond and Containment Checklist

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### **MDOC SOP 20-14-01**

##### **Coordinated Response**

The facility shall develop 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. **PREA [§ 115.65]**

#### **MDOC Policy 20-05**

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual orientation, gender identity or gender non-conformity. Abusive institutional practices are practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action.

#### **MDOC Policy 25-11**

Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence, or 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 (for example, HIV gonorrhea, hepatitis, other diseases) and counseling, as appropriate.
- prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, 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.

Health services staff will follow the institution's written plan for responding to allegations of sexual assault of inmates. Emergency medical treatment will be provided by the on-site medical staff as dictated by need. The inmate victim will be transported to an Emergency Department for treatment. A sexual assault victim will undergo a mental health evaluation administered by the mental health staff. Healthcare staff will interact with the inmate in a neutral and non-judgmental manner. No details will be solicited by the healthcare staff. The facility Medical Director or designee will review the treatment recommendations from the Emergency Department for indicated prophylactic treatment and testing. Recommendations for separate housing may be made to security. Correctional medical staff will not collect medical information or evidence from the alleged or suspected perpetrator.

#### **MDOC Policy 12-05**

The Commissioner establishes that the Director of CID will use the following criteria in screening complaints for investigation:



- Determine if federal and state laws have been violated
- Determine policy and/or procedure violations
- Consider length of reporting time
- Determine credibility of individuals providing information
- Determine seriousness of allegations
- Determine jurisdictional boundaries

### Analysis/Reasoning

MDOC has developed a written institutional plan, reflected in the Sexual Assault Response and Containment Checklist to coordinate actions among first responders, medical staff, investigators and leadership taken in response to an incident of sexual abuse. Interviews confirmed that staff was aware of their specific responsibilities in response to an allegation of sexual abuse.

### Conclusion

This Auditor finds CMCF in compliance with this standard based upon reviewing file documents, checklists and interviews of a number of employees.

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

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

#### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☐ Yes ☒ No

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Preservation of Ability to Protect Inmates from Contact with Abusers)
- MDOC Policy 20-05 (Protection from Harm)
- MDOC Policy 19-01-02 (Protective Custody)
- Keep Separate (Example)

### **MDOC Policy 20-14**

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### **MDOC SOP 20-14-01**

#### **Preservation of Ability to Protect Inmates/Residents from Contact with Abusers**

(a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits 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.

(b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§115. 72 and 115. 76; or

(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. **PREA [§ 115.66]**

### **MDOC Policy 20-05**

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual orientation, gender identity or gender non-conformity. Abusive institutional practices are practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action.

### **MDOC Policy 19-01**

Written policy, procedure, and practice provide that an inmate is admitted to the special management housing unit for protective custody only when there is documentation that protective custody is warranted and no reasonable alternatives are available.

### **Analysis/Reasoning**

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

### **Conclusion**

This Auditor finds CMCF to be in compliance with this standard based upon review of MDOC policy, and interviews with staff which confirmed MDOC does not engage in collective bargaining.

## **Standard 115.67: Agency protection against retaliation**

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

#### **115.67 (a)**

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### **115.67 (b)**

- 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 ☐ No

#### **115.67 (c)**

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Agency Protection against Retaliation)
- MDOC Policy 20-05 (Protection from Harm)
- 90-day Review (Example)
- Statement of Fact

## **MDOC Policy 20-14**

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### **MDOC Policy 20-14-01**

#### **Agency Protection against Retaliation**

- (a) The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.
- (b) The agency shall 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.
- (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate 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.
- (d) In the case of inmates, such monitoring shall also include periodic status checks.
- (e) 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.
- (f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. **PREA [§ 115.67]**

## **MDOC Policy 20-05**

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual orientation, gender identity or gender non-conformity. Abusive institutional practices are practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action. Written policy, procedure, and practice protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment.

### **Analysis/Reasoning**

During the pre-audit, the auditor was provided with copies of the PREA Compliance Managers log book that make notes documenting retaliation monitoring. In the past 12 months, there have not been any incidents of retaliation that have occurred. Staff interviews indicate the PREA Compliance Manager monitors retaliation for up to 90 days. Retaliation may be monitored beyond 90 days, if warranted. If a staff member was involved, the staff member would be separated from the offender and may receive disciplinary action commensurate with the type of behavior taken. If an offender retaliates against another offender, they would be kept separate from one another. Other options to protect against retaliation include protective custody and/or transfer to another facility.

## Conclusion

The Auditor determined the agency has appropriate policies and practices in place to ensure staff and offenders are protected from retaliation. The Auditor reviewed the MDOC policies, procedures, retaliation monitoring log, investigative reports, conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- 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 ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC Policy 19-01 (Special Management and Restrictive Housing)
- MDOC SOP 20-14-01 PREA (Post Allegations Protective Custody)
- MDOC Policy 20-05 (Protection from Harm)
- MDOC Policy 19-01-02 (Protective Custody)
- Administration Segregation documents
- Statement of Fact

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC Policy 19-01 Special Management

Written policy, procedure, and practice provide that an inmate is admitted to the special management housing unit for protective custody only when there is documentation that protective custody is warranted and no reasonable alternatives are available. Written policy, procedure and practice provide that the placement of an inmate in Restrictive Housing shall be limited to those circumstances

that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility. The policy governing the placement of an inmate in Restrictive Housing shall include:

- the relationship between the threat the inmates poses and the behaviors articulated in the policy.
- the impact that Restrictive Housing may have on medical and mental health conditions exhibited by the inmate and the possible alternatives that may be that may be available to compensate for such conditions.
- a description of alternatives that may be available to safely deal with the threat posed by the inmate other than restricted housing.

#### **MDOC SOP 20-14-01**

Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of§ 115.43. **PREA [§ 115.68]**

#### **MDOC Policy 20-05**

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual orientation, gender identity or gender non-conformity. Abusive institutional practices are practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action.

#### **MDOC Policy 19-01-02 Protective Custody**

Written policy, procedure, and practice provide that an inmate is admitted to the special management housing unit for protective custody only when there is documentation that protective custody is warranted and no reasonable alternatives are available.

#### **Analysis/Reasoning**

MDOC Policy 20-14-01 state 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. File material, Statement of Fact reflects no instances where an inmate, who was alleged to have suffered sexual abuse, was assigned to segregated housing for protection. The auditor interviewed random segregation staff and segregation housing inmates and found their responses consistent and supportive of the Statement of Fact.

#### **Conclusion**

This Auditor finds CMCF to be in compliance with this standard based upon review of MDOC Policy 20-14- 01 and interviews with staff and residents.

## **INVESTIGATIONS**

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

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

#### **115.71 (a)**



- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

- 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 ☐ No

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- 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 ☐ No

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

- 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 ☐ No

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 01-07 Role of Outside Agencies
- MDOC Policy 12-01 CID Inspections and Investigations
- MDOC Policy 12-05 Criteria for CID Investigations

- MDOC Policy 16.14 Prevention of Physical Evidence
- MDOC Policy 20.14 PREA
- MDOC SOP 20.14.01 Criminal and Administrative Agency Investigations
- MDOC Policy 20.05 Protection from Harm
- Training Record/Investigator
- Investigation example/administrator
- Statement of Fact

### **MDOC Policy 01-07**

The role and functions of employees of other public or private agencies providing a service to the institution are covered by written policy and procedure that specify their relation to the authority and responsibility of the warden/superintendent. The Deputy Commissioner of Institutions or designee will ensure that the role or function of employees or other public or private agencies providing a service to an institution, private prison or county regional facility are addressed in written procedures that specify their relation to the authority and the responsibility of the facility's controlling authority.

### **MDOC Policy 12-01**

All criminal investigations, when complete, will be referred to the District Attorney. Investigations will be fair, impartial and professional and will adhere to established and accepted investigation and inspection practices. Investigators will be familiar with proper investigative techniques and legal standards for each type of proceeding. This will ensure that evidence recovered during investigations will be admissible in the proper tribunal and the rights of the employee under investigation will not be inadvertently violated. Investigators will be trained in the elements of criminal law, court procedure, rules of evidence and the use of technical equipment, as well as disciplinary and administrative law process. Each investigator will be skilled in interviewing and interrogation, observation, surveillance, and report writing.

Each investigator will be knowledgeable of Mississippi laws requiring investigators to be independent and impartial, free of conflict of interest, and knowledgeable that private gain beyond that provided by law is illegal. These requirements for each investigator/auditor prohibit:

- Being inattentive to citizens who seek redress of grievances or wish to make a complaint regarding the actions of MDOC employees
- Engaging in any act which is in substantial conflict with the proper discharge of duties
- Soliciting or accepting a gift of any remuneration
- Using the position to secure special privileges
- Using any information obtained through the position for private gain
- Using the influence of office to obtain funds, property or any item of value
- Divulging confidential information related to any investigation

### **MDOC Policy 12-05**

It is the policy of the Mississippi Department of Corrections (MDOC) to establish criteria for investigations. The Commissioner establishes that the Director of CID will use the following criteria in screening complaints for investigation:

- Determine if federal and state laws have been violated
- Determine policy and/or procedure violations
- Consider length of reporting time
- Determine credibility of individuals providing information
- Determine seriousness of allegations
- Determine jurisdictional boundaries

### **MDOC Policy 16-14**

Written policy, procedure, and practice provide for the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institutional regulation. At a minimum, the procedures shall address the following:

- Chain of custody
- Evidence handling
- Location and storage requirements

#### **MDOC Policy 20-14**

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### **MDOC SOP 20-14-01**

- (a) 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.
- (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.
- (c) 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.
- (d) 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.
- (e) 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 inmate or staff. No agency shall require an inmate 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.
- (f) Administrative investigations:
- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (2) 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.
- (g) 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.
- (h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- (i) 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.
- (j) 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.
- (k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
- (l) 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. **PREA [§ 115.71]**

#### **MDOC Policy 20-05**

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual orientation, gender identity or gender non-conformity. Abusive institutional practices are

practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action.

### **Analysis/Reasoning**

The Auditor conducted a formal interview with a facility investigator. The investigator discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim. During the investigation he interviews the alleged victim, perpetrator and all witnesses, including staff witnesses. The Auditor asked what information is reviewed concerning the victim and abuser. The Investigator stated he reviews criminal record, institutional history, grievances, discipline history, Incident Reports, RVR forms, video footage, telephone records, previous complaints and any other relevant information. The investigator was asked how he determines the credibility of a victim, abuser and witnesses. The Auditor was informed credibility is not based solely on a person's status and is based on a review of documents, information, video footage, phone records, and statements made during the interview and subsequent interviews. The Investigator was asked if he attempts to determine if staff actions or failure to act may have contributed to an incident of sexual abuse. The Investigator stated he does attempt to determine if staff actions or lack thereof contributed to the incident.

### **Conclusion**

MDOC Policies 20-14-10 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, there was (0) substantiated allegations of conduct that appear to be criminal that were referred for prosecution referred for prosecution since August 20, 2012. This Auditor finds CMCF in compliance with this standard based upon review of related policies and reports reference to criminal and administrative investigations.

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

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

#### **115.72 (a)**

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

### **Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Evidentiary Standards for Administrative Investigations)
- MDOC Policy 16-14 (Preservation of Physical Evidence)
- Sample Investigation/Administrative

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC SOP 20-14-01

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. PREA [§ 115.72]

### MDOC Policy 16-14

Written policy, procedure, and practice provide for the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institutional regulation. At a minimum, the procedures shall address the following:

- Chain of custody
- Evidence handling
- Location and storage requirements

All evidence and/or contraband received into CID custody will require:

- Receipt denoting all relevant information
- Secure storage
- Chain of Custody Form

The Auditor conducted a formal interview with facility Sexual Abuse Investigators. Each Investigator informed the Auditor the agency's policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked the investigators to explain the meaning of preponderance. Investigators explained a preponderance means there is more evidence to justify the investigator's determination.

### Conclusion

The Auditor was able to determine Investigators understand preponderance as the basis for determining investigative outcomes. The Auditor reviewed the agency's policies, procedures, investigative reports and interviewed facility Investigators and determined the facility meets the requirements of this standard. This Auditor finds CMCF in compliance of this standard after reviewing MDOC Policy 20-14-01 and after interviews of investigative staff and administrative staff.

## Standard 115.73: Reporting to inmates

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

**115.73 (a)**

- 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 ☐ No

**115.73 (b)**

- 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 order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

**115.73 (c)**

- 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 posted within the inmate's unit? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

**115.73 (d)**

- 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 ☐ No
- 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 ☐ No

**115.73 (e)**



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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Reporting to Inmates)
- Sample Investigation
- Notification of Outcome/Status Update

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC SOP 20-14-01

- (a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.
- (c) Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:
  - (1) The staff member is no longer posted within the inmate'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.

- (d) Following an inmate's allegation that he or she has been sexually abused by another inmate, 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.
- (e) All such notifications or attempted notifications shall be documented.
- (f) An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody. **PREA [§ 115.73)**

### **Analysis/Reasoning**

The Auditor conducted a formal interview with the PREA Compliance Manager. Either the investigator or the PCM informs offender victims of the investigative outcome at the conclusion of an investigation. The Auditor asked the PCM who notifies the offender following an indictment and/or criminal charges placed against an offender or staff member. The PCM stated that information is obtained from the CID and the notification would be made by either the Investigator or PCM. The Auditor asked the PCM how notifications to offenders are documented by the facility. The Auditor was informed notifications are documented on a PREA Incident Briefing form to the offender.

The Auditor asked the PCM how notification is received from the CID regarding criminal charges and indictments. The PCM stated the CID Investigator contacts the Superintendent, PCM or Investigator so proper notification can be made to the offender. The PCM informed the Auditor retrieving that information is not difficult as the CID is part of the agency and required by policy to provide the information. The Auditor conducted a formal interview with an CID Investigator. The CID Investigator was asked if he notifies the facility following the placement of criminal charges and/or indictments. The CID Investigator stated he does contact the facility and share that information. The CID investigator was asked if he would ever notify an offender of the investigative or prosecutorial efforts. The investigator stated he is not obligated to make that notification but is obligated to inform the facility.

### **Conclusion**

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, (3) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility. In the past 12 months, (3) alleged sexual abuse investigations that were completed and inmates were notified, verbally or in writing of the results of the investigation. In the past 12 months, there were (0) investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency. In the past 12 months, there were (30) number of notifications to inmates that were provided pursuant to this standard. Of those notifications made in the past 12 months, (30) were documented. Documentation indicated that all were notified of the results of their investigation. This Auditor finds CMCF in compliance of this standard.

## **DISCIPLINE**

### **Standard 115.76: Disciplinary sanctions for staff**

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

#### **115.76 (a)**

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Disciplinary Sanctions for Staff)
- MDOC Employee Handbook/Disciplinary Information regarding Staff Members
- Statement of Fact

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that

contract for the confinement of MDOC offenders.

#### **MDOC Policy 20-14-01**

(a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

(b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

(c) 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.

(d) 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.

#### **PREA [§ 115.76]**

#### **Analysis/Reasoning:**

The Auditor conducted formal interviews with facility Investigators. Investigators informed the Auditor if the act was criminal in nature the investigator would contact the CID for a criminal investigation. Facility investigators immediately cease efforts once a determination is made that sufficient evidence appears to support criminal activity. Each Investigator coordinates with the CID Investigator and assists in their efforts when requested by the CID Investigator. The Auditor asked how the investigation is handled if the act was not criminal in nature. The Investigator continues the investigation until a determination is made. The results of the investigation are shared with command staff so appropriate discipline against a staff member can be sanctioned if warranted.

#### **Conclusion**

MDOC Policy 20-14-01 states that staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 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. In the past 12 months, (0) staff from the facility has been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. In the past 12 months, there were (0) number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

This Auditor finds CMCF in compliance with this standard based upon review the above named policy and responses of administrative and investigative staff who were interviewed.

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

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

##### **115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Corrective Action for Contractors and Volunteers)
- MDOC Policy 07-01 (Volunteer Program)
- Example of Volunteer Agreement
- Volunteer Guide to MDOC
- Statement of Fact: No Allegations

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC SOP 20-14-01

(a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. **PREA [§ 115. 77]**

**MDOC Policy 07-01**

Written policy and procedure specify who is responsible for Operating a citizen involvement and volunteer service program, and his or her lines of authority, responsibility, and accountability. The screening and selection of volunteers allows for recruitment from all cultural and socioeconomic parts of the community. There is an official registration and identification system for volunteers. Written policy, procedure, and practice provide that each volunteer completes an appropriate, documented orientation and/or training program prior to assignment.

**Analysis/Reasoning**

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. SMCI 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.

**Conclusion**

According to the Statement of Fact, in the past 12 months, there have been no allegations of sexual abuse against contractors or volunteers. This Auditor finds CMCF in compliance of this standard based on review of MDOC Policy 20-14-01. Also, review of investigative files, and interviews with investigative and administrative staff support compliance.

**Standard 115.78: Disciplinary sanctions for inmates****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.78 (a)**

- 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 ☐ No

**115.78 (b)**

- 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 ☐ No

**115.78 (c)**

- 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 ☐ No

**115.78 (d)**

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

**115.78 (e)**



- 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 ☐ No

#### 115.78 (f)

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

#### 115.78 (g)

- Does 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.)  
☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Disciplinary Sanctions for Inmate)
- MDOC Policy 20-05 (Protection from Harm Chapter XI, Inmate Handbook, Rule Violations)
- Rule Violation Report
- Statement of Fact

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC SOP 20-14-01(Disciplinary Sanctions)

(a) Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.



(b) Sanctions shall be 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.

(c) The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(d) 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 inmate to participate in such interventions as a condition of access to programming or other benefits.

(e) The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) 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.

(g) An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. **PREA [§ 115.78]**

### **MDOC SOP 20-14-01 Exhaustion of Administrative Remedies**

(a) An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

(b)(1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

(c) The agency shall ensure that-

(1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

(d)(1) 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.

(2) Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal.

(3) 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 inmate in writing of any such extension and provide a date by which a decision will be made.

(4) 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, the inmate may consider the absence of a response to be a denial at that level.

(e)(1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for, administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

(2) 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.

### **MDOC Policy 20-05**

It is the policy of the Mississippi Department of Corrections that offenders will not be subject to abusive institutional practices, harassment, or punishment on the basis of their actual or perceived sexual orientation, gender identity or gender non-conformity. Abusive institutional practices are practices or behaviors which humiliate, demean, and/or physically or psychologically abuse offenders and include deliberate and/or systematic practices which are inconsistent with departmental policy and procedures for supervision, treatment, and control. Abusive institutional practices are prohibited and must be reported and documented by all departmental, contractual, and volunteer staff with knowledge of an occurrence or an allegation or suspicion that an abusive practice has occurred. Any staff member ordering, engaging in, or condoning abusive institutional practices will be subject to formal disciplinary action.

### **Analysis/Reasoning**

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.

### **Conclusion**

In the past 12 months, there have been no findings of guilt for inmate-on-inmate sexual abuse and criminal findings. This Auditor finds CMCF in compliance of this standard based upon review of MDOC 20-14-01 and interviews with random, administrative and investigative staff.

## **MEDICAL AND MENTAL CARE**

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

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

#### **115.81 (a)**

- 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? ☒ Yes ☐ No

#### **115.81 (b)**

- 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.) ☒ Yes ☐ No ☐ NA

#### **115.81 (c)**

- 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? ☒ Yes ☐ No

#### 115.81 (d)

- 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 ☐ No

#### 115.81 (e)

- 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 ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC SOP 20-14-01 PREA (Medical and Mental Health Screening)
- MDOC SOP 20-14-01 (Screening for Risk of Victimization and Abusiveness)
- MDOC Policy 22-05 (Medical Classification)
- MDOC Policy 25-06-G (Mental Health Programs)
- Risk Assessment and Referral to Psychology for Prior Victim
- Risk Assessment and Referral to Psychology Perpetrator

#### MDOC Policy 20-14-01(Medical and Mental Health)

(a) 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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(b) 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, staff shall ensure that

the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

(c) 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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(d) 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.

(e) 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. **PREA [§ 115.81]**

#### **MDOC Policy 20-14-01 Screening for Risk Victimization and Abusiveness**

(a) All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

(b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

(c) Such assessments shall be conducted using an objective screening instrument.

(d) The intake screening shall 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;

(2) The age of the inmate;

(3) The physical build of the inmate;

(4) Whether the inmate has previously been incarcerated;

(5) Whether the inmate's criminal history is exclusively nonviolent;

(6) Whether the inmate has prior convictions for sex offenses against an adult or child; gender nonconforming;

(7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or

(8) Whether the inmate has previously experienced sexual victimization;

(9) The inmate's own perception of vulnerability; and

(10) Whether the inmate is detained solely for civil immigration purposes.

(e) 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 inmates for risk of being sexually abusive.

(f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

(g) An inmate'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 inmate's risk of sexual victimization or abusiveness.

(h) Inmates 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.

(i) 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 inmate's detriment by staff or other inmates.

#### **MDOC Policy 22-05**

It is the policy of the Mississippi Department of Corrections (MDOC) that all offenders will be medically assessed specific to the presence and/or absence of those mental and physical conditions that ultimately determine appropriate offender housing and work/program assignments, disciplinary processes, treatment applications and transportation requirements.

### **MDOC Policy 25-06-G**

The mental health program is approved by the appropriate mental health authority and includes at a minimum:

- screening on intake
- outpatient services for the detection, diagnosis, and treatment of mental illness, to include medication management and/or counseling, as appropriate
- crisis intervention and the management of acute psychiatric episodes
- stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting
- elective therapy services and preventive treatment, where resources permit
- provision for referral and admission to mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility
- follow up with offenders who return from an inpatient psychiatric facility [

### **Analysis/Reasoning**

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.

### **Conclusion**

In the past 12 months, (100%) of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner. In the past 12 months, (100%) of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow up meeting with a mental health practitioner. This Auditor finds that CMCF is in compliance of this standard.

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

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

#### **115.82 (a)**

- 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 ☐ No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### 115.82 (c)

- 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 ☐ No

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 (PREA)
- MDOC SOP 20-14-01 PREA (Access to Emergency Medical and Mental Health Services)
- MDOC SOP 25-11-G (Procedure in the event of a Sexual Assault)
- MDOC Policy 25-01-A Access to Healthcare and Clinical Services
- Medical Documentation

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for

prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### **MDOC SOP 20-14-01 (Access to Emergency Medical)**

- (a) Inmate 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.
- (b) 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.
- (c) Inmate 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.
- (d) 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. **PREA [§ 115.82]**

#### **MDOC Policy 25-11-G**

Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence, or 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 (for example, HIV gonorrhea, hepatitis, other diseases) and counseling, as appropriate
- prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, 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.

#### **MDOC Policy 25-01**

At the time of admission/intake all inmates are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an inmate's ability to pay. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by each inmate. When a literacy or language problem prevents an inmate from understanding written information, a staff member or translator assists the inmate. There is a process for all offenders to initiate requests for health services on a daily basis. These requests are triaged daily by qualified health care professionals or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to offenders in a clinical setting at least five days a week and are performed by a health care practitioner or other qualified health care professional.

#### **Analysis/Reasoning**

MDOC Policy 12-40-01 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.



## Conclusion

This Auditor finds CMCF 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

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

#### 115.83 (a)

- 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 ☐ No

#### 115.83 (b)

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

#### 115.83 (c)

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

#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

#### 115.83 (e)

- 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.) ☒ Yes ☐ No ☐ NA

#### 115.83 (f)

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

#### 115.83 (g)

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

## 115.83 (h)

- 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.)  
☒ Yes   ☐ No   ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 (PREA)
- MDOC SOP 20-14-01 PREA (Medical and Mental Health Screening)
- MDOC Policy 22-05 (Medical Classification)
- MDOC Policy 25-11-G (Procedure in the event of Sexual Assault)
- Risk Assessment and Referral to Psychology for Prior Victim
- Psychology follow-up/Example

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC SOP 20-14-01

- (a) The facility shall 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.
- (b) 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.
- (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.
- (d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
- (e) 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.

(f) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) 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.

(h) All prisons shall 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. **PREA [§115.83]**

#### **MDOC Policy 22-05**

It is the policy of the Mississippi Department of Corrections (MOOG) that all offenders will be medically assessed specific to the presence and/or absence of those mental and physical conditions that ultimately determine appropriate offender housing and work/program assignments, disciplinary processes, treatment applications and transportation requirements. Procedures will include, but not limited to the following:

- Mental and physical assessments
- Certification of mental health and medical professionals
- Data input- Offender Information Management System
- Offender job/program placement
- Medical classifications
- Facility assignment categories
- Housing assignment categories
- Bed assignment categories
- Floor assignment categories
- Work/program restriction categories
- Mental Health Levels of Care (LOC)

#### **MDOC Policy 25-11-G**

Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence, or 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 (for example, HIV gonorrhea, hepatitis, other diseases) and counseling, as appropriate
- prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, 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.

#### **Analysis/Reasoning**

MDOC Policy 20-14-01 state that CMCF 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.

#### **Conclusion**

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. This Auditor finds CMCF in compliance with this standard based upon

review of this policy, and interview of medical and mental health staff.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Sexual Abuse Incident Reviews)
- Incident Review Form/Example

### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

### MDOC SOP 20-14-01

- (a) 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.
- (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
- (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
- (d) 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.

(e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. **PREA [§ 115.86]**

### **Analysis/Reasoning**

MDOC Policy 12-40-01 states that it will conduct sexual abuse review at the conclusion of every sexual abuse investigation unless the allegation has been determined unfounded. This review will take 30 days after the conclusion of the investigation and will be conducted by the facility head, the statewide PREA Coordinator and the PREA Manager. The Annual Report documents MDOC's efforts to improved policies for more effective compliance with PREA.

### **Conclusion**

In the past 12 months, there were (3) number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. In the past 12 months, there were (3) number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. This Auditor finds CMCF 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**

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

#### **115.87 (a)**

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

#### **115.87 (b)**

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

#### **115.87 (c)**

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

#### **115.87 (d)**

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

#### **115.87 (e)**

- 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.) ☒ Yes ☐ No ☐ NA

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Data Collection)
- MDOC Website Annual PREA Report
- PREA Monthly Report

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC Policy 20-14-01

- (a) 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.
- (b) The agency shall aggregate the incident-based sexual abuse data at least annually.
- (c) 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.
- (d) 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.
- (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.
- (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. **PREA [§ 115.87]**



### Analysis/Reasoning

Pursuant to MDOC Policy 20-14-01, MDOC uses a standard form and definitions sheet to facilitate the uniform collection of data for every sexual abuse allegation. MDO 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.

### Conclusion

This Auditor finds CMCF in compliance with this standard based upon a review of all relevant documents, and interview with the Statewide PREA Coordinator.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Data Review for Corrective Action)
- MDOC Website Annual PREA Report
- MDOC PREA Facility Visit Form

#### MDOC Policy 20-14

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### MDOC SOP 20-14-01

(a) 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 an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

(b) 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.

(c) 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.

(d) 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. **PREA [§ 115.88]**

#### Analysis/Reasoning

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.

#### Conclusion

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). This Auditor finds CMCF 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

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
☒ Yes ☐ No

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

- 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 ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- MDOC Policy 20-14 PREA
- MDOC SOP 20-14-01 PREA (Data Storage, Publication, and Destruction)

- MDOC Website

#### **MDOC Policy 20-14**

It is the policy of the Mississippi Department of Corrections (MDOC) to maintain a safe and secure environment for all offenders/staff members with the objective of maintaining a zero tolerance for prison rape and other forms of sexual misconduct in MDOC facilities as well as all facilities that contract for the confinement of MDOC offenders.

#### **MDOC SOP 20-14-01**

- (a) The agency shall ensure that data collected pursuant to § 115.87 are securely retained.
- (b) 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.
- (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.
- (d) The agency shall 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. **PREA [§ 115.89]**

#### **Analysis/Reasoning**

MDOC Policy 20-14-01 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.

#### **Conclusion**

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. This Auditor finds CMCF to be in compliance with this standard based on review of policy, reporting documents, and online website posting.

## **AUDITING AND CORRECTIVE ACTION**

### **Standard 115.401: Frequency and scope of audits**

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

#### **115.401 (a)**

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
☒ Yes   ☐ No   ☐ NA

#### **115.401 (b)**

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- 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 ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

I received access to, and the ability to observe, all areas of the audited facility and requested and received copies of any relevant documents (including electronically stored information).

### Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for

prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

When the audit was completed, the auditor conducted an exit briefing on October 28, 2021. The auditor gave the Administrative Staff a preliminary overview of the audit and thanked the staff for their hard work and commitment to the Prison Rape Elimination Act. After the onsite audit, the auditor utilized the Auditor Compliance Tool for Community Confinement as a guide in determining compliance with each standard, and created a Final Report documenting the facility's compliance. In order to determine compliance, the auditor used the information and documentation provided during the pre-audit, onsite documentation review, information obtained through inmate and staff interviews, as well as visual observations during the facility tour.

### 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.

### Auditor Instructions:

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

Alton Baskerville

December 11, 2021

**Auditor Signature**

**Date**

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

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