

PREVENTION PLANNING

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Organization Charts
- Interview with the PREA Coordinator/PREA Compliance Manager (PCM)
- Interview with the Sheriff
- Observations during the audit
- FAQ

The following policy excerpts demonstrate the facility's commitment to the requirements of zero tolerance for sexual abuse and harassment as well as an outline for preventing, detecting, and responding to allegations of sexual harassment and abuse.

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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. (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 and (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.*

Evidence reviewed/analyzed by provision:

(a) The policy language mirrors the standard language. It includes definitions for the following: Staff, Sexual Assault, Sexual Perpetrator, Sexual Misconduct, Inmate-on-inmate Sexual Abuse/Assault, Abusive Sexual Contact, Staff Sexual Harassment, Staff Sexual Misconduct, Sexual Abuse, Nonconsensual Sex Act, Exigent Circumstances, Intersex, LGBTI, Gender Nonconforming, and Transgender. It addresses all standards and standard provisions. It addresses requirements for both Prison and Jail and Community Corrections. It additionally incorporates American Correctional Association (ACA) standards relevant to the PREA law.

(b) (c) This facility contracts with the Mississippi Department of Corrections (MDOC) to house inmates while serving their sentence. The auditor reviewed the organization chart for the facility. It demonstrates a direct line to the Warden from the MDOC's PREA Coordinator. The organization chart demonstrates that there is an ACA Manager/Office Manager who has responsibility for ensuring compliance with all PREA standards. Serving in his various capacities, he maintains continual contact with the inmate population which affords him the ability to keep a line of communication open with them. He can communicate with the MDOC's PREA Coordinator when necessary to ensure compliance with the requirements of this law. He is actively involved in all efforts towards compliance by working

closely with the Warden, Lieutenant, nurse, case manager, and functions as the Human Resources staff. This was demonstrated to the auditor throughout the onsite audit.

Summary of evidence to support findings: Review of policy, interviews and observations during the onsite audit led the auditor to conclude that the policy addressees the requirements of the standard, a PREA Coordinator/PREA Compliance Manager (PCM) has been designated who is actively involved in all matters relating to compliance and he has the influence necessary to effectuate changes, which will be reflected throughout this report. The auditor finds the facility compliant with the standard provisions.

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview with the Warden
- PAQ

The PAQ confirms that the agency does not contract for the confinement of inmates.

The following policy excerpts supports compliance with the requirements of this standard:

(a) 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 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.

Summary of evidence to support findings: The PAQ indicates that the agency does not contract for the confinement of inmates. The interview with the Warden as well as observations during the audit led the auditor to find no evidence to dispute this. A policy is in place to ensure the standard requirements are met if this changes. The MDOC contracts for the confinement of their inmates with this facility/agency. Therefore, the standard is not applicable – compliant.

Standard 115.13: Supervision and monitoring

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview with the Warden
- Interview with the PREA Coordinator/PCM
- Randomly requested staffing rosters
- Interview with the Sheriff
- Interviews with random staff formal and informal
- Documentation of unannounced rounds (10/18/2023 days and nights)
- Annual Staffing Review
- Observations
- PAQ

The PAQ indicates that the average daily population since the last PREA audit is 277. The design capacity is 300. The staffing plan is predicated on an inmate population of 277. The facility reports there have been no deviations.

The following policy excerpt supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states,

(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.

Policy mirrors the requirements of the standard provisions.

Evidence reviewed/analyzed by provision:

(a) The auditor reviewed the staffing plan provided by the facility dated 12/12/2023 and interviewed the Warden. It provides a detailed assessment of the minimum direct care staff to inmate ratio during day and night shifts. It takes into consideration video monitoring. (1) Generally accepted detention and correctional practices; this facility participates in accreditation with the American Correctional Association. (2) Any judicial findings of inadequacy; the auditor was informed there were none and found no evidence to dispute this. (3) Any findings of inadequacy from Federal investigative agencies; the auditor was informed there were none and found no evidence to dispute this. (4) Any findings of inadequacy from internal or external oversight bodies; per the interview with the Warden, no major deficiencies have been identified by the twice-yearly plus compliance visits from the MDOC. (5) All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated); facility staff are aware of blind spot areas and have contingency plans (increased rounds) for addressing them. (6) The composition of the inmate population; these are medium custody inmates housed for the MDOC. These inmates are placed here if they are medically stable, have no mental health needs and a prison record void of issues requiring increased supervision. Transfer back to the

MDOC is addressed if they cannot be managed at this operation. (7) The number and placement of supervisory staff; this level of staffing has been established in the staffing plan. (8) Institution programs occurring on a particular shift; the facility offers Life Skills, Welding, Religious Services, Celebrate Recovery, Salt & Light, Computer Class and Carpentry class. The Warden confirmed that staff are assigned to the area when classes are in session. (9) Any applicable State or local laws, regulations, or standards; the auditor was informed there were none and found no evidence to dispute this. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

(b) The facility indicates there are no deviations from the staffing plan. The auditor randomly requested Staffing rosters for February 1, 2023, July 1, 2023, and November 1, 2023, which also determined that there have been no deviations from the staffing plan. The interview with the Warden confirmed that they have not had to deviate from the staffing plan; overtime is utilized.

(c) The auditor reviewed the Annual Staffing Plan Review. Notation in the PAQ, review of the Staffing Plan and interviews with the Warden and PREA Coordinator/PCM provided the auditor assurance that the staffing plan is reviewed annually or more often as deemed necessary, in collaboration with the PREA Coordinator/PCM, and that staffing, video monitoring and resources are assessed.

(d) Policy requires that intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment for night shifts as well as day shifts. Policy prohibits 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. One document supporting this requirement was received with the PAQ (9/1/2023 days and nights). During the audit, the auditor asked staff during the random staff interviews. All assured the auditor that the Lieutenant and the Warden are making frequent rounds, day shift and night shift. Comments received were, "all the time". They assured the auditor that no one is alerting staff when they are conducting rounds.

Summary of evidence to support findings: Review of the policy, interview with the Warden and random staff, observations, documentation regarding unannounced rounds and review of the staffing plan confirmed to the auditor that there is sufficient evidence to support a finding of compliance with all provisions of the standard.

Standard 115.14: Youthful inmates NA

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview with the PREA Coordinator
- Interview with the youngest inmate

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states,

(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 the use of a shared dayroom or other common space, shower area or sleeping quarters.

(b) In area outside of housing units, agencies shall either: Maintain sight and sound separation between youthful inmates and adult inmates, or 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 exercises 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.

Policy mirrors the standard requirements.

Evidence reviewed/analyzed by provision:

(a) (b) (c) The PAQ indicates the facility does not house inmates under the age of 18 years old, confirmed by the auditor through research of state laws.. The age of majority is 18 years old in this state. Policy does address the requirements of the provision in the event that an exception occurs. The auditor requested to interview the youngest inmate; he was twenty years old.

Summary of evidence to support findings: Based on the evidence above, the auditor finds the facility compliant with the standard provisions – not applicable.

Standard 115.15: Limits to cross-gender viewing and searches

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interviews with random staff (males and females)
- Interviews with Warden
- Observations of living areas
- Observations of strip search areas
- Review of video monitoring
- Training curriculum
- Staff training documentation
- PAQ
- Frequently Asked Questions - Clarification of Application to PREA Standards Provisions (FAQ)

The PAQ indicates that there has been no cross-gender strip or cross-gender visual body cavity searches of inmates no cross-gender strip or cross-gender visual body cavity searches of inmates. It indicates forty-two (42) security staff have received training (100%) in cross gender supervision.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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 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.

Policy mirrors the requirements of the standard.

Evidence reviewed/analyzed by provision:

(a) Policy and the PAQ supports that the facility has not conducted any cross-gender searches. Formal and informal interviews conducted during the onsite audit confirmed this to the auditor. The auditor observed male staff, to include the Warden and Lieutenant, that provided further assurance that a cross gender strip search will not occur.

(b) The facility does not house female inmates.

(c) Per policy, if exigent circumstances exist warranting this, the facility has an Extraordinary Occurrence Report (EOR) that would be completed.

(d) Policy supports that inmates are able 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. Staff of the opposite gender are required to announce their presence when entering an inmate housing unit. The following observations were made by the auditor during the onsite audit: Multi shower head showers are located in each housing unit(zone), a shower curtain with a clear top and white bottom covers the showers. Toilets and urinals have concrete barriers, built halfway to block views of them. All random staff and random inmate interviews confirmed to the auditor that the physical plant and staff behavior assures that inmates can shower, use the toilet and change clothes without being seen by opposite gender staff. During all visits the housing units (zones), the opposite gender auditor and staff who escorted her were announced loudly stating "female staff entering the zone". All random staff interviews and all random inmate interviews confirmed this. Facial expressions let the auditor to conclude that this is a regular occurrence.

(e) Policy and all random staff interviews confirmed that the facility does not and would not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Additionally, there were no transgender inmates housed at this facility. The auditor randomly and informally interviewed inmates who have been housed at this facility for several years and staff who have worked at this facility for several years if they recall a transgender/intersex inmate is housed here. All confirmed this has not occurred. The auditor believes that due the nature of the population (no medical and mental health needs), it is highly unlikely that a transgender/intersex inmate will be housed here. However, if this occurred, staff have been trained in cross-gender searches (see comments to provision f.) and to support compliance with the clarification established in the FAQ, female staff would likely conduct the pat searches.

(f) Cross gender supervision training is occurring; but it does not address how to conduct cross-gender searches. The facility has adopted additional training for staff, "PREA Cross Gender and Transgender Pat Search" training video, available through the PREA Resource Center website. The auditor viewed the video and found it to provide detailed instruction and illustration for searching transgender/intersex incarcerated individuals. Additional documents received, twenty-five (25) total, demonstrated that staff has received this training.

Summary of evidence to support findings: Review of the policy, interview with the Warden and random staff, observations, documentation regarding unannounced rounds and review of the staffing plan confirmed to the auditor that there is sufficient evidence to support a finding of compliance with all provisions of the standard.

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Observations during the tour, PREA information
- Interview with the Sheriff
- Random staff interviews
- Interview staff who conduct orientation
- Contract with Holmes Community College to provide interpretation
- Interviews with LEP inmates
- PAQ

The PAQ indicates that the number of instances where inmates interpreters, readers, or other types of incarcerated individual 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 is zero.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *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. 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. 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.

Policy mirrors the requirements of the standard and provisions.

Evidence reviewed/analyzed by provision:

(a) The PAQ indicates that the facility does not house inmates with disabilities – physical, mental or cognitive, based on the agreement with the Mississippi Department of Corrections. The auditor found this credible after observations during the onsite visit and informal interviews with staff and inmates.

(b) Contract with a translator was provided to the auditor for review. It was clarified that this agency will provide translation services for Spanish. The facility has PREA posters located in areas where inmates can view them in English and Spanish in addition to PREA inmate education in both English and Spanish. When selecting inmates to be interviewed, the auditor sought out those deemed Hispanic. One inmate was interviewed that was bi-lingual, however he spoke and understood English. Additionally, the auditor randomly, informally asked staff about interactions with him. They confirmed that they have been able to efficiently communicate with him. The auditor asked the facility to provide him a copy of the Spanish handbook. They complied and a follow-up interaction with him confirmed he received it. The auditor informally and formal asked numerous staff (Warden, officers, case manager and nurse) if they had any experience with an inmate that does not speak English or Spanish; they all indicated no. The auditor concluded that due to the nature of the population housed here, the MDOC would not send an inmate who cannot speak English as the facility would initiate a return transfer. Therefore, the auditor finds that they are able to meet the requirements of this provision.

(c) Random staff interviews confirmed to the auditor that another inmate has not been used to interpret regarding any PREA situation (first responder duties). The auditor found this credible as they report not having any PREA allegations.

Summary of evidence to support findings: Policy, interviews, observations, review of the interpretation contract, all provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.17: Hiring and promotion decisions

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Documentation of background check – status employees (two examples provided with the PAQ, additional random files reviewed)
- Interviews with the Human Resources staff
- Review of personnel files – promotional and status
- Application for Employment Questionnaire
- Observations

The PAQ indicates that one staff has been hired who may have contact with inmates in the previous twelve months, zero contractual staff. The auditor interviewed the newly hired staff and two contractual staff.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states,

(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.

(b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

(c) Before hiring new employees who may have contact with inmates, the agency shall:

(1) Perform a criminal background records check; and

(2) 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.

(d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

(e) The agency shall 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.

(f) The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

(h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Evidence reviewed/analyzed by provision:

(a)(b)(f) As information regarding these provisions was unclear, the facility agreed to adopt a personnel questionnaire for employees, contractors, volunteers and promotional staff that asks the following questions: (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; information regarding prior incidents of sexual harassment. All current staff have reviewed and signed this questionnaire; copies were provided to the auditor. Their signature acknowledges a continuing duty to report.

(c) The interview with HR confirmed that background checks and reference checks are conducted on all potential candidates for employment. The auditor did not discover any staff with prior correctional experience. Additionally, the facility has only hired one new staff in the prior twelve months. The auditor reviewed his background check during the onsite audit.

(d) The facility has two contractors, they provide programming. A background check was conducted.

(e) The HR staff confirmed that a background check is completed on all new candidates and no less frequently than every five years, but typically sooner. In addition to documentation provided to the auditor in the PAQ, the auditor randomly requested to review personnel files for staff with the last name of M, S and T. All three files reviewed demonstrated a background check completed in 2023. Review of the staff recently promoted revealed a background check in 2023.

(g) The Personnel Questionnaire and review of the application were reviewed. Both the Personnel Questionnaire form and application prompt the applicant to sign acknowledging that the information is true and complete, and that falsification and omissions may disqualify the candidate from employment.

(h) The interview with the Warden and the HR staff confirmed to the auditor that if contacted regarding a prior employee, they would provide hire date, position(s) held, termination date and if they would rehire them.

Summary of evidence to support findings: Policy, interview with the Warden, HR staff, review of documentation all provided the auditor with sufficient evidence to support a finding of compliance. The auditor finds the facility compliant with the standard provisions.

Standard 115.18: Upgrades to facilities and technologies

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Observations of camera monitoring
- Observations during the tour
- Interviews Sheriff
- Interview Warden
- PAQ

The PAQ indicates the facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since the last PREA audit and has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.*

Policy mirrors the standard requirements.

Summary of evidence to support findings: The interview with the Sheriff and the Warden provided the auditor assurances that changes to video monitoring did include consideration of the ability to protect inmates from sexual abuse (two cameras were added, two were upgraded) and changes to the physical plant will include consideration for the facility's ability to protect inmates from sexual abuse. Policy supports the requirements of the provisions. The auditor finds the facility compliant with the standard provisions.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- MOU with Mississippi Coalition
- Verification of SANE exams available
- Interview with PREA Coordinator/PCM
- Interview with advocate from MSCASA
- Sexual Assault Response and Containment Checklist
- Observations
- PAQ

The PAQ indicates there have been no forensic medical exams, no SANE/SAFE exams nor exams performed by a qualified medical practitioner during the previous twelve months. The auditor found no evidence to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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. 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. (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.

Policy mirrors the standard and provision requirements.

Evidence reviewed/analyzed by provision:

(a)(b) Interviews and review of the Sexual Assault Response and Containment Checklist supports the MDOC Criminal Investigation Division (CID) will be contacted in the event of a sexual assault. The facility will follow the checklists; the agency (MDOC) will be responsible for uniform evidence.

(c)(d)(e) The Sexual Assault Response and Containment Checklist supports that the medical staff will ensure that if warranted, the inmate will be transported to the local hospital for a SANE exam. The auditor researched the possibility of a SANE exam being available and found that the MSCASA can be contacted to find a hospital that can provide a SANE examiner. The website further confirmed that at that time a trained advocate can be requested. The auditor researched the hospital and MSCASA and confirmed that this organization can be contacted to provide a qualified victim advocate.

The MOU with the Mississippi Coalition Against Sexual Assault (MSCASA) indicates that the MSCASA will do the following:

- Respond to requests to provide services to incarcerated survivors of sexual abuse and sexual harassment to include hospital accompaniment, in-hospital investigatory interviews, emotional support services in person and referrals.
- Respond to calls from inmates to the toll-free hotline numbers as well as respond to written correspondence.
- Provide follow up services and crisis intervention to victims (inmates) of sexual assault
- Complete all security clearances and training
- Maintain confidentiality of communication with clients who receive MSCASA advocacy support services.
- Maintain a list of rape crisis center personnel by region who have completed certified volunteer training

The interview with the advocate from MSCASA confirmed this agreement.

(f) The agency, MDOC, is the entity responsible for conducting all investigations of this facility and in accordance with their policy, quoted above, will follow the requirements of provisions a. through e.

Summary of evidence to support findings: Policy, MOU, confirmation of availability of SANE exams and presence of a qualified victim advocate provide the auditor with evidence supporting the requirements.

The auditor finds the facility compliant with the standard provisions.

Standard 115.22: Policies to ensure referrals of allegations for investigations

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview Sheriff
- Sexual Assault Response and Containment Checklist
- Observations
- PAQ

The PAQ indicates there have been zero allegations resulting in administrative investigations and zero resulting in criminal investigations in the past 12 months.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states,

(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 Web site 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.

Policy mirrors the standard language.

Evidence reviewed/analyzed by provision:

(a) (b) Policy and the interview with the Sheriff confirmed to the auditor that all allegations of sexual abuse and sexual harassment will be referred to the investigating entity (CID) for investigation. The facility reports that they have not received any allegations. After concluding all onsite audit activities, the auditor found this credible.

(c)The MDOC is the responsible entity for conducting criminal investigations. A copy of the Sexual Assault Response and Containment Checklist is available on the MDOC website for review. It describes the response process which includes notification to CID of MDOC

Summary of evidence to support findings: Policy, interview with the Sheriff, Sexual Assault Response and Containment Checklist, onsite audit observations and informal interviews all provided evidence of

support. The auditor finds the facility compliant with the standard provisions.

TRAINING AND EDUCATION

Standard 115.31: Employee training

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Training curriculum
- PREA Training requirements Orientation and in-service training
- Staff training records/acknowledgment of comprehension
- Observations
- Interviews random staff
- PAQ
- FAQ

The PAQ indicates that all employees who have contact with inmates were trained on PREA requirements as outlined in the provision.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, 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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) (b) The auditor reviewed the training plan. It is a seventeen (17) page power point presentation that addresses the following:

- Zero tolerance
- Purpose and the law
- MDOC policy
- Definitions sexual abuse and sexual harassment
- Inmate reporting – verbal, writing, anonymous and 3rd party
- Reports documented
- PREA tip line (free, confidential)
- Inmates with disabilities and LEP
- Reporting to other confinement facilities
- Extraordinary Occurrence Report (EOR)
- PREA investigations – all allegations reported
- Administrative and Criminal, referral for prosecution
- Staff first Responder Duties

Additionally, staff view three videos regarding PREA. The auditor reviewed the videos. They provide the following information: review of the law, dynamics of abuse, harassment, and reactions of victims. It is tailored to male inmates. Cross Gender Supervision addresses the following: Male Supervision of Female Inmates, Female Officers supervising male inmates, Pitfalls of Cross Supervision, Warning signs of possible romance, Limits to Cross-Gender viewing and searches, searches and interaction with inmates who identify as transgender or intersex.

(c) Policy and interviews reflected that staff get trained annually as reflected by the training requirements for both orientation (new staff) and in-service annual training. All current employees have been trained as concluded by the training requirements and documentation.

(d) The auditor reviewed the PREA training acknowledgement that does require the staff to sign noting “I understand the information provided regarding the Prison Rape elimination Act (PREA) of 2003. “

Summary of evidence to support findings: As illustrated, policy, interviews with staff, review of the training curriculum, documentation showing PREA training occurs at orientation, prior to contact with inmates, it is address annually, the materials address the required points in the provision all addressed the requirements. The auditor finds the facility compliant with the standard provisions.

Standard 115.32: Volunteer and contractor training

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview contractor (provides programming services)
- Review contractor training records
- Observations
- PAQ

The PAQ indicates there are four volunteers and two contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states,

(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 procedure. (b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contract 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.

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) (b) (c) The auditor was informed that the contractual staff and volunteers receive the same training as direct supervision staff. Documentation was provided that contractual staff and volunteers receive the training.

Summary of evidence to support findings: Policy, interview and review of the documentation provided sufficient evidence. The auditor finds the facility compliant with the standard provisions.

Standard 115.33: Inmate education

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Observations posters
- Demonstration of the intake process
- Demonstration of Orientation
- Interviews Intake staff
- Interviews with staff who conduct Orientation
- Inmate education and signed acknowledgment (two examples provided)
- Review of randomly requested inmate intake records
- Randomly selected inmate interviews
- Interview with inmate housed at the facility the longest
- PAQ

The PAQ indicates that one hundred two (102) inmates were admitted that were given information at intake, one hundred two (102) stayed past 30 days who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) The auditor reviewed the intake process with the booking officer and the case manager. At intake, the booking officers' review PREA (Staff Sexual Misconduct, the law forbidding staff to engage in sexual abuse with inmates, - KES 510.120 (1c), how inmates can protect themselves, if you are a victim, if you are a perpetrator consequences). Inmates sign acknowledging this information was reviewed.

The case manager meets individually the same day (or no later than the next day) and provides inmates with the Inmate handbook and again reviews PREA (zero tolerance, prevention, for sexual assault towards someone else). Inmates sign acknowledging receipt of this information also. All inmate interviews confirmed they received this information.

(b) The auditor was not present on a day that orientation is given. Review of the process with the PCM confirmed the staff review the operation which includes the Inmate Handbook which has information about PREA. The handbook provides the following: how to report internally, how to report externally (Mississippi MS Coalition Against Sexual Assault (MSCASA), to include the address. It further explains that support services relating to sexual violence (hospital accompaniment for the victim, in-hospital investigatory interviews, and in-person support services) are available through MSCASA. All inmate interviews confirmed they are knowledgeable regarding their rights under this law, mostly referencing the posters and acknowledged possession of the handbook.

(c) All inmates acknowledge receiving the information. The auditor specifically requested to speak to the inmate housed at this facility for the longest (ten years) who confirmed he has received this information.

(d) Information (handbook, posters) are available in English and Spanish. The auditor analyzed and assessed this operation and concluded that they will not house inmates who speak a different language as they would promptly be returned to MDOC. The auditor sought out a Hispanic inmate to interview and confirmed although he is bi-lingual, he is able to understand English. See comments to 115.16.

(e) The auditor received documentation of participation in orientation. All inmate interviews confirmed receiving this information when they arrived.

(f) PREA posters were evident in numerous places in the facility: front lobby, administrative hallway, near food service, every housing unit, booking area, zone hallway and medical area. Three main posters were located at eye level (no wheelchair bound inmates housed here). They were in English and Spanish and laminated. The first poster, black background, yellow and white font, 8 1/2 x 11 inches, informed inmates about zero tolerance, right to report and victim support services. The second poster, PREA Hotline Line, 8 1/2 x 11 inches, provided a speed dial and other phone number for staff members and inmates to report. It was white with red and a large black font and two symbols reflecting no sexual violence. It was additionally posted over the phones in a secured bulletin board (English and Spanish) The third poster, blue background, black font, 8 1/2 x 11 inches, focuses on the MSCSA services and how to reach them. In the housing zones, posters were secured to the wall above the phones. All inmate interviews confirmed to the auditor that the posters have been present for a long time.

Summary of evidence to support findings: Policy, review of booking documents, intake documents, orientation documents, interviews with booking staff, orientation staff, random inmates and observations all provided evidence which the auditor could triangulate and thus provide a determination that there was sufficient evidence to support a finding of compliance with all provisions of the standard.

Standard 115.34: Specialized training: Investigations

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Interview with the Warden
- PAQ # of investigators agency

The PAQ indicates there are currently zero investigators trained at this facility to handle and respond to sexual abuse allegations.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.*

Policy mirrors the requirements of the PREA standards and provisions.

Finding of compliance is based on the following: The interview with the Warden confirmed to the auditor that the contracting agency, MDOC conducts all investigations pertaining to sexual abuse, sexual harassment and retaliation for reporting. No facility staff would complete them. Therefore, the auditor finds the standard not applicable – compliant.

Standard 115.35: Specialized training: Medical and mental health care

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Specialized medical health training curriculum
- Training records
- Observations
- Interviews medical staff
- PAQ

The PAQ indicates that the facility has one medical and no mental health staff, 100% have received specialized training.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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. (d) 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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) (c) (d) The auditor interviewed the medical staff (registered nurse) and reviewed acknowledgment of training and the training curriculum. The interview and the training curriculum confirmed that the training addressed the following: (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. The interview additionally confirmed to the auditor that she receives regular PREA training yearly.

(b) Not applicable, forensic exams are provided at a local hospital.

Summary of evidence to support findings: Through analysis and triangulation of policy, training records and interview, the auditor finds the facility compliant with the standard provisions.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for Risk of Sexual Victimization and Abusiveness

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Risk Assessment tool
- Interviews Staff who perform risk screens - case manager
- Risk assessments
- Interview PREA Coordinator/PCM
- PAQ
- FAQ

The PAQ indicates that one hundred two (102) inmates were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, one hundred two (102) inmates remained past 30 days who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a)(b) Policy, interviews with Intake staff, booking officer, case manager and demonstration of intake support that an initial intake screen is completed immediately upon arrival to assess risk of sexual abuse or risk of being sexually abused.

(c)(d) (e) An example of the screening tool was provided with the pre-audit documentation. The questions were asked in several different ways but did not appear to have an objective assessment. A new form has been implemented; all inmates have been rescreened. Copies verifying this were provided to the auditor. The objective screening tool used now considers the following information:

Risk of being sexual victimization

- mental, physical, development disability
- age
- physical build
- first incarceration
- convictions for sex offense against an adult or child
- perception of or self identifies as gay, lesbian, bisexual, transgender, intersex or gender nonconforming, including screener's subjective assessment (this meets the clarification of the FAQ)
- crimes exclusively nonviolent
- previous experience as a victim of sexual abuse community and/or while incarcerated
- inmate's perception of vulnerability

The updated risk screen developed and used at this facility addresses all of the requirements of the provision. No additional questions are used to make the objective determination. The facility does not hold inmates who are detained solely for civil immigration. The screen is completed upon arrival by the intake case manager, typically within hours but can take up to the 72-hour time limit. This conclusion was based on interviews with staff who conduct the screens, intake staff, inmates and review of risk assessments. With the new screen, points are assessed based on the criteria, a total reflects whether the inmate will be designated as a potential victim or a potential perpetrator.

(e) The screening tools addresses the following:

Risk of being Sexually Abusive

Institutional incidents of sexually abusing other inmates
Inmate has prior acts of violent sexual abuse (non-institutional)
Inmate has prior convictions for violent offenses
Inmate has prior violence within institutional setting or jail

The questions are asked verbally and in private according to the interview with the person who conducts risk assessments and demonstration of the intake process, as well as confirmed by inmates who were randomly asked.

(f) The case manager is tasked with conducting a second assessment within thirty days as she regularly meets with every inmate every thirty days. Inmate interviews supported this frequency of meeting with the case manager. It was confirmed to the auditor that this occurs in person, privately. The inmate will now be asked verbally the questions again. The screening form affords a place to check

that it will be the 30-day reassessment. This practice does now meet the expectations clarified in the FAQ that requires that the 30-day review be conducted in person with the inmate.

(g) Policy and interview with the random staff assured the auditor that staff are observant and would communicate any information to the case manager that may initiate an updated (when warranted referral, receipt of additional information or request) risk assessment. The PREA Coordinator/PCM assured the auditor in addition to policy that an updated risk assessment would be completed upon conclusion of a sexual abuse investigation. No examples were available to support this as they have not had any sexual abuse or sexual harassment investigations for the previous twelve months. The auditor found this credible after conducting that pre audit and onsite audit. The updated form provides a place to notate that the screen is updated.

(h) The interview with the intake staff/staff who conduct risk assessments confirmed to the auditor that they would not require an inmate to answer sensitive questions - (d)(1), (d)(7), (d)(8), or (d)(9) if they did not want to respond. Interviews with the inmates confirmed that they believe they would not be disciplined if they did not respond.

(i) Per the interview with the PREA Coordinator/PCM, Warden, case manager, nurse and observation of the inmate record storage area, risk assessments are maintained in the computerized management system or in the case manager's office which has appropriate controls on which staff can access the area.

Summary of evidence to support findings: Policy, interviews, and review of documents provided the auditor ample evidence that the provisions of the standard are being addressed. The auditor finds the facility compliant with the standard provisions.

Standard 115.42: Use of screening information

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Observations
- Interviews PREA Coordinator/PCM
- Interview with the Warden
- Interview with staff who conduct the risk screen

The following policy excerpts supports compliance with the requirements of this standard: *Prison Rape Elimination Act of 2003 SOP 20-14-01 states, (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.

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a)(b) Policy and interviews support that they will use the information from the risk assessment 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. After conducting the onsite activities, the auditor found this credible.

(c) (d)(e) (f) Policy supports the requirements; the facility did not house any transgender/intersex inmates. The auditor found this credible after informally interviewing staff and inmates who have been at this facility for several years. Based on the classification of inmates received by the MDOC, the auditor concludes that the facility will not be sent an inmate who identifies as transgender/intersex, especially as their medical and mental health needs could not be met at this operation.

(g) The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units, or wings solely on the basis of such identification or status.

Summary of evidence to support findings: Policy, interviews with staff and inmates, and observations provided the auditor with sufficient evidence. The auditor finds the facility compliant with the standard provisions.

Standard 115.43: Protective Custody

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interviews Warden
- Observations
- PAQ

The PAQ states that no inmate has been placed in involuntary protective custody due to their high risk of sexual victimization. Comments in the PAQ indicate that if this need was discovered, this inmate would be returned to the custody of Mississippi DOC. The auditor found no evidence to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, (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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) (b) (c) (d) (e) The interview with the Warden confirmed that he has not returned anyone to MDOC due to involuntary placement related to high risk for sexual victimization. The auditor and Warden discussed the normal operations; if there was a need to return to the MDOC, it would not have to be for placement in restricted housing; this would be determined by the receiving facility. This facility does not have any restrictive housing. Based on observations the auditor found this credible.

Summary of evidence to support findings: Policy, PAQ, interview with the Warden and observations provided the auditor with sufficient evidence to support a finding of not applicable - compliance.

REPORTING

Standard 115.51: Inmate reporting

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Facility Rulebook
- MOU with Mississippi Coalition
- PREA Tip line, staff and inmates
- PREA Intake Information
- Interviews random staff
- Interviews random inmates

- Assessment of grievance process, telephone and mail procedures/access
- Test of telephone for reporting
- Observations

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states,

(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.

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) (b) (c) (d) The auditor confirmed that inmates can report verbally, in writing, third party, anonymously and through the PREA tip line. This was confirmed by interviews with staff and inmates during the onsite audit. The PREA Tip line poster provides the following information:

MDOC PREA Tip Line poster: English and Spanish

Staff members, general public and inmates can report as a victim or witness to sexual misconduct, sexual assault and sexual harassment. Reports can be made anonymously.

Directions for how to call (6500#).

Leave a voice message

The auditor tested the tip line number, from the inmate phone and was able to reach a message line for staff for MSCASA. The auditor left a message, asking the organization to contact the Warden when the message was received. He received confirmation within one hour of receipt of this message.

The auditor tested the tip and was able to speak with a person at the previous facility audited in this state (same week). She works for MSCASA. She confirmed that reports can be received anonymously, and they will be forwarded to the MDOC CID. The auditor did not need a pin number to make this call. Additionally, there was no message that the call is recorded, leading the auditor to conclude that it is not (based on informal dialogue with inmates during the interviews). The auditor tested the tip line at this facility, left a message to confirm receipt with the Warden. It was confirmed via email within the hour. Three telephones were available to the inmates in a housing unit that has fifty-four (54) inmates. There secure mailbox is available for outgoing mail. Staff confirmed it was picked up by the Chief of Security. All inmate interviews confirmed to the auditor that grievances have been processed, mail is sent out and received without issues, and the telephone has been available for use. Staff interviews confirmed they were knowledgeable regarding their obligation to report, who to report to (immediately supervisor, Chief of Security, Warden), report immediately and that an EOR would be completed. The auditor called the phone number for reporting and was able to reach the MDOC staff who could transfer

me to the person that could take the call. This was during business hours. After hours, a message informs the caller to call back during business hours.

Summary of evidence to support findings: Policy, interviews with staff, interviews with inmates, testing of the reporting line on the inmate phone and outside the facility provided the auditor with sufficient evidence to support compliance with all provisions of the standard.

Standard 115.52: Exhaustion of administrative remedies

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview with Grievance Coordinator/Warden
- Interviews with random inmates
- Facility Rulebook
- Observations – assessment of grievance availability
- PAQ

The PAQ provided the following information:

zero grievances regarding sexual abuse

zero emergency grievances

zero grievances written in bad faith

zero third party grievances

zero grievances alleging imminent sexual abuse

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, (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.

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e)(f)(g) Policy supports all aspects of the provisions of the standard. The facility reports that no sexual abuse grievances have been filed; the auditor found this credible. The auditor asks inmates if there were any concerns with filing a grievance; all said no. The auditor spoke with staff who handle grievances; they receive approximately six nonsexual abuse grievances a year.

Summary of evidence to support findings: Policy, observations and interviews provided evidence to support a finding of compliance.

Standard 115.53: Inmate access to outside confidential support services

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- MOU with Mississippi Coalition Against Sexual Assault
- Observations
- Interview with trained advocate for the MSCASA
- PREA Postings
- Interviews random inmates
- Review of access to mail and telephones - policy
- Testing of the phone line

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, (a) *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. (b) 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. (c) 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.

Policy mirrors the requirements of the PREA standards and provisions.

(a)(b)(c)

The MOU with the Mississippi Coalition Against Sexual Assault (MSCASA) indicates that the MSCASA will do the following:

- Respond to requests to provide services to incarcerated survivors of sexual abuse and sexual harassment to include hospital accompaniment, in-hospital investigatory interviews, emotional support services in person and referrals.
- Respond to calls from inmates to the toll-free hot line numbers as well as respond to written correspondence.
- Provide follow up services and crisis intervention to victims (inmates) of sexual assault
- Complete all security clearances and training
- Maintain confidentiality of communication with clients who receive MSCASA advocacy support services.
- Maintain a list of rape crisis center personnel by region who have completed certified volunteer training

When testing the reporting line from the inmate phone, while speaking with the advocate, the auditor was able to confirm the following: the inmate is informed of mandatory reporting rules, privacy, confidentiality under relevant law. Staff who answer the phone have received over 40 hours of training to qualify to be victim advocates. She specifically indicated she works closely with Just Detention International (JDI). MSCASA staff have conducted training with staff at the facility (March 2023). MSCASA has not received any calls from this facility for emotional support. Additionally, the auditor requested the facility to run a query on the phone system about the number of calls made to this number. It indicated there were none.

Interviews with the inmates confirmed to the auditor that they see the poster, some knew that it was how to get help, most however did not know exactly what the organization provided but assured the auditor the posters have been available, and they can get information if they ever felt they needed it from them.

Summary of evidence to support findings: Policy, interviews with the MSCASA staff, inmates, testing of the phone line, review of the MOU provided the auditor evidence, analyzed and triangulated which led to a finding of compliance.

Standard 115.54: Third-party reporting

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Agency website - [Prison Rape Elimination Act \(PREA\) | Mississippi Department of Corrections \(ms.gov\)](#)

- Interview with the Warden
- Interview with the PREA Coordinator/PCM
- Random staff interviews
- Testing of third-party reporting
- Observations
- FAQ

The following policy excerpts demonstrate compliance with the provisions of the standards.

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.*

Policy mirrors the requirements of the PREA standards and provisions.

The agency website provides the following: **To Report Sexual Abuse Contact:**

MS. Coalition Against Sexual Assault at:

P.O. Box 4172

Jackson, MS 39296

Or Call:

1-888-987-9011

The auditor tested the reporting number while outside the facility (12/1/2023 1:40m EST) and was able to quickly reach staff from MSCASA who indicated they are able and willing to accept reports and forward them to the appropriate agency staff.

Summary of evidence to support findings: Policy, website, testing of the reporting line all provided sufficient evidence to support a finding of compliance.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview with the PREA Coordinator/PCM
- Interviews random staff
- Interview with medical staff
- Mandatory reporting laws
- Observations

The following policy excerpts supports compliance with the requirements of this standard:
Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(a) The agency shall require all staff to report immediately and according to Prison Rape Elimination Act of 2003 SOP 20-14-01 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 Prison Rape Elimination Act of 2003 SOP 20-14-01, 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 person's 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. Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

- (a) All staff interviews assured the auditor that everyone is aware of their obligation to report all allegations of sexual abuse, sexual harassment, staff neglect that may lead to it and/or retaliation for reporting abuse to the shift supervisor, lieutenant and Warden. Staff confirmed this would include suspicions of such behavior.
- (b) All staff immediately confirmed their understanding of maintaining confidentiality of the information and only discussing that which is relevant to security, management decisions and investigations.
- (c) The interview with medical staff confirmed she understands her obligation to report this information. In the examination room, there is a large font, salient poster informing inmates that medical staff are obligated to report and have limitations on confidentiality.
- (d) Mississippi Adult Protective Services APS investigates reports of suspected abuse, neglect, and exploitation of vulnerable adults. Guided by the Mississippi Vulnerable Persons Act, APS provides for the protection of at-risk vulnerable persons aged 18 and older residing in private home settings through direct delivery or referral to resources within the community. Therefore, this does not apply to inmates confined to a facility. The facility does not house inmates under the age of 18 years old.
- (e) Policy and interviews with random staff all confirmed to the auditor that they will ensure that all allegations, to include anonymous and third-party will be reported in accordance with the response plan and forwarded to the investigators.

Summary of evidence to support findings: As illustrated, the auditor found sufficient evidence through review of the policy, interviews, review of mandatory reporting laws to support a finding of compliance with the standard provisions.

Standard 115.62: Agency protection duties

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interviews Sheriff
- Interview Warden
- Interview random staff

- Observations
- PAQ

The PAQ indicates there have been no times the facility determined that an inmate was at risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.

The following policy excerpts demonstrate compliance with the provisions of the standards.

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *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.*

Policy mirrors the requirements of the PREA standards and provisions.

The interview with the Sheriff, Warden, and randomly selected staff all confirmed that an inmate at imminent risk of sexual abuse or any imminent risk of harm shall have immediate action taken to ensure his safety. This can include a transfer to another county regional facility. All staff interviews confirmed to the auditor that they would take immediate action if they believed an inmate was at imminent risk of sexual abuse. Staff confirmed that this request to intervene before something has occurred would be supported, and action would be taken to protect the inmate before the suspected event occurred.

Based on information noted above and overall observations during the audit, the auditor found staff credible and that to protect inmate is an integral part of the culture of this facility. The auditor finds the facility compliant with the standard provisions.

Standard 115.63: Reporting to other confinement facilities

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview with Sheriff
- Interview Warden
- Training curriculum
- Notification form
- PAQ

The PAQ indicates that zero allegations were received that an inmate was abused while confined at another facility, zero allegations of sexual abuse were received from another facility.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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 Warden or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a), (b) (c) (d) Policy addresses the requirements. The training curriculum informs staff of this requirement. The interview with the Warden and Sheriff assured the auditor that if they receive any information about sexual abuse that occurred at another facility, a system is in place for the Warden to report directly to the facility head, within 72 hours, details provided about the alleged incident. The interviews with the Warden and Sheriff provided additional assurances that all allegations received from another facility about sexual abuse that occurred at this facility will be immediately referred to the CID for investigation. The Warden assured the auditor he will remain informed of any investigation being conducted at his facility. The PAQ indicates there have been no occurrences of this happening; the auditor found this credible based on overall observations during the audit.

Summary of evidence to support findings: Policy, interviews training curriculum and the PAQ provided the auditor with sufficient evidence to support a finding of compliance. A Notification Form was provided to the facility for use if they receive an allegation that occurred at another facility in the future. It ensures the provisions of the standard are addressed. The auditor finds the facility compliant with the standard provisions.

Standard 115.64: Staff first responder duties

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Sexual Assault Response and Containment Checklist
- Training curriculum
- Random staff interviews
- Observations
- PAQ

The PAQ indicates there were zero allegations of sexual abuse that allowed for time to collect evidence. The auditor found no reason to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a)(b) The training curriculum reinforces the requirements of the first responder duties. The Sexual Assault and Containment Checklist addresses duties of staff first responders. However, the auditor is requiring the form to be updated to include specifically the following: (3) If the abuse occurred within a time period that still allows for the collection of physical evidence (96 hours), 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. Additionally, once updated, ensure a copy is easily accessible in the control room and officer post orders. An updated form was received that addressed the additional information as required. The auditor was informed that this checklist is available in the control room for use if ever needed.

Summary of evidence to support findings: Policy, the updated containment checklist, random staff interviews, observations of where they can separate an inmate victim and perpetrator and the training curriculum provided the auditor with sufficient evidence to support a finding of compliance with this standard.

Standard 115.65: Coordinated response

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Sexual Abuse Response and Containment Checklist
- Random staff interviews
- Interview with Shift supervisors
- Interview Warden

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *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.*

Summary of evidence to support findings: Policy supports the requirements of the standard. The Sexual Assault and Containment Checklist addresses safety and separation, escorting to medical area immediately, shift supervisor will assess and notify investigators, secure the scene, medical staff will ensure access to a SANE exam if warranted. The interview with shift supervisors and the Warden confirmed the availability of this response plan. The auditor finds the facility compliant with the standard provisions.

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Interview Agency head
- Interview with the Warden
- Observations
- PAQ

The PAQ indicates that the facility has not entered into a collective bargaining on the agency's behalf.

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a & b) There is no union. This was supported by informal interviews during the onsite audit. The interview with the Warden confirmed that he has no restrictions from removing a potential abuser from assignment pending an investigation.

Summary of evidence to support findings: The interview with the Warden, the PAQ and observations provided the auditor with sufficient evidence to support that the facility is not restricted from removing 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. The auditor finds the facility compliant with the standard provisions.

Standard 115.67: Agency protection against retaliation

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interviews Sheriff
- Interview Warden
- Interview with designated staff members who would be conducting monitoring for retaliation
- Retaliation Monitoring Form
- Observations
- PAQ

The PAQ indicates that there were no reported incidents of retaliation occurred. The auditor found no reason to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, (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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e)(f) Policy addresses all requirements of the provisions of this standard. The possibility of the necessity was discussed with the Warden, Chief of Security and PCM who acknowledged that if they were tasked with this monitoring (as it may be conducted by the CID investigators, depending on the circumstances) that the provisions would be addressed. The auditor provided a format for use to ensure that the process as required is met and documented. The Sheriff confirmed that retaliation will not be tolerated.

Summary of evidence to support findings: As indicated above, the auditor finds the facility compliant with the standard provisions. See comments to 115.43.

Standard 115.68: Post-allegation protective custody

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interviews Sheriff
- Interview with the Warden
- Interview with the PCM
- PAQ

The PAQ indicates there has been no incident where inmates who suffered sexual abuse were held in involuntary segregated housing in the past twelve months. The auditor found no reason to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *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.*

Policy mirrors the requirements of the PREA standards and provisions.

Summary of evidence to support findings: Policy supports the requirements of the standard. The PAQ indicates that inmates who require placement in segregated housing units are not housed at this facility. There is no restrictive housing (segregation) at this facility. The auditor found this credible based on all observations during all the audit activities. The auditor finds the facility compliant with the standard provisions.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview with the Warden
- Interview with the PREA Coordinator/PCM
- Interviews with staff
- Observations
- PAQ

PAQ indicates no substantiated allegations of conduct that appeared criminal were referred for prosecution since the last PREA audit. The auditor found no reason to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.

Policy mirrors the requirements of the PREA standards and provisions.

Summary of evidence to support findings:

The agency with whom this facility contracts to house their inmates (MDOC) conducts investigations into sexual abuse and sexual harassment. The facility reports that they have not received any allegations of sexual abuse or sexual harassment by the inmate population on which the auditor could assess this. After conducting random interviews and overall observations during the onsite portion of the audit, the auditor found this credible. Therefore, this standard is not applicable – compliant.

Standard 115.72: Evidentiary standard for administrative investigations

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Observations
- Interviews Investigative staff
- Review of investigations using preponderance of evidence (administrative)

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.*

Policy mirrors the requirements of the PREA standards and provisions.

Summary of evidence to support findings: As indicated, the facility staff do not conduct the investigations; they are conducted by the agency, MDOC. Therefore, the auditor finds the standard not applicable – compliant.

Standard 115.73: Reporting to inmates

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview Warden
- PAQ

The PAQ indicates the following:

zero investigations of alleged sexual abuse competed

zero investigations of alleged sexual abuse competed where inmate was notified of the results (verbally or in writing)

zero sexual abuse investigations completed by an outside agency

zero notifications of the results of an investigation completed by an outside agency

zero substantiated cases of staff sexual abuse

zero notifications made pursuant to those

zero notifications provide to inmates

zero those that are documented

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, (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.*

Policy mirrors the requirements of the PREA standards and provisions.

(a) (b)(c)(d) (e) (f) Policy addresses the elements of the standard provisions. It was reported to the auditor that the CID conducts the investigation and would be responsible for providing the notification. There have been no sexual abuse or sexual harassment allegations reported; therefore, the auditor could not evaluate evidence of this. The interview with the Warden supported this to be true. The auditor finds the standard not applicable – compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interviews Warden
- Interviews with staff
- PAQ

The PAQ notes that no staff has been disciplined for violation of agency sexual abuse or sexual harassment policies. No staff have been reported to law enforcement or licensing bodies following termination or resignation for violating agency sexual abuse or sexual harassment policies. The auditor found no evidence to dispute this statement during the audit process.

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.*

Policy mirrors the requirements of the PREA standards and provisions.

Summary of evidence to support findings:

(a) (b) (c)(d) Based on review of policy, interview with the Warden, formal and informal conversations with staff, the auditor found it credible that there have been no staff disciplined for violation of the agency sexual abuse and sexual harassment policies. The auditor finds the facility compliant with the standard provisions.

Standard 115.77: Corrective action for contractors and volunteers

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interviews Warden
- PAQ

The PAQ notes that no contractor or volunteer has been involved in an investigation regarding sexual abuse or sexual harassment towards an incarcerated individual; no contractors or volunteers who have been reported to law enforcement and/or relevant licensing bodies. The auditor found no evidence to dispute this statement during the audit process.

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a)(b) This facility does use volunteers. There is one contractual staff person employed at this facility. As indicated in 115.32, the contractual staff attends regular PREA training provided to staff. Policy, and the Warden confirmed that he can prohibit entry into the facility by the contractor or volunteer if allegations of violation of the sexual abuse or sexual harassment are received. Return to the facility would be evaluated at the conclusion of the investigation.

Summary of evidence: Policy interview with the Warden provided the auditor with evidence to support a finding of compliance.

Standard 115.78: Disciplinary sanctions for inmates

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview Warden
- Interview with disciplinary officer
- Interview with the nurse
- Facility Rulebook
- PAQ

The PAQ indicates there have been no administrative findings or criminal findings of inmate-on-inmate sexual abuse. The auditor found no reason to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) (b) Policy and the Inmate Handbook provide information about the disciplinary process.

(c) Policy and the interview with the Warden, disciplinary staff and the nurse confirmed that mental disability would be considered and was also supported that this would result in a transfer back to the MDOC for evaluation as the mental disability would preclude the inmate from being housed at this facility in addition to the sexual abuse behavior.

(d) The facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Sexual abuse conduct would result in a transfer back to the MDOC.

(e) Policy and the interview with the Warden confirmed that an inmate will not be disciplined for sexual contact that was consensual by staff.

(f) This is supported in policy.

(g) Not applicable, the facility prohibits all sexual activity between inmates. There is a separate rule violation for consensual sexual conduct.

Summary of evidence to support findings:

The auditor finds the facility compliant with the standard provisions.

MEDICAL AND MENTAL CARE

Standard 115.81:

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview staff responsible for risk screening (nurse/case manager)
- Review of intake risk assessments

- Review of agreement with River Ridge for mental health services.
- PAQ

The PAQ indicates that 100% of inmates who disclosed prior victimization during screening who were offered a follow up meeting with medical/mental health practitioner, 100% of inmates who have previously perpetrated sexual abuse as indicated during the screening were offered a follow up meeting with a mental health practitioner. They indicated there has been no inmate who disclosed sexual victimization or upon screening indicated previously perpetrated sexual abuse.

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a)(b) The interview with the nurse confirmed that she would be aware of whether an inmate reported prior sexual abuse or was deemed a potential perpetrator. She is able to provide access to mental health services through telehealth with staff from another facility.

(c) This is not applicable to this facility as it is considered a prison.

(d) The interview with the nurse confirmed that 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, As they have not received any inmates who have disclosed information relating to sexual victimization or abusiveness that occurred in an institutional setting.

(e) The interview with the nurse confirmed that she would obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Summary of evidence to support findings: Policy, interview with the nurse and case manager, review of the contract for mental health services and review of risk assessments provided evidence for the auditor to support a finding of compliance.

Standard 115.82: Access to emergency medical and mental health services

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Sexual Abuse Response and Containment Plan
- Interview with the Warden
- Interview with medical staff

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) (b)(c)(d) Policy, review of the response plan, interview with the Warden and the nurse all assured the auditor that immediate emergency medical treatment and crisis intervention services would be implemented for victims of sexual abuse. There have been no occurrences for the auditor to assess this. The nurse is on call and will be contacted, arrangements for transport will be made. This treatment is free, prophylactic medication would be provided at the hospital. As inmates at this facility cannot be on medications, this would then warrant a return transfer to MDOC who would have to provide follow up services.

Summary of evidence to support findings: Policy, interviews and overall observations of how the facility operates, all provided the auditor with sufficient to support a finding of compliance.

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview with medical staff
- Observations made during the tour

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) (b) (c)(d) Policy supports the requirements that ongoing medical and mental care would be provided however, as indicated throughout the report, they would not likely remain at this facility as they are not equipped to handle those needs. Therefore, the inmate would be transferred back to the MDOC for this.

(e)(f) This is not applicable to this facility as they do not house female inmates.

(g) Policy supports there will be no cost for treatment even if the victim does not name the abuser.

(h) Inmates who commit sexual abuse would not remain at this facility as confirmed by the interview with the Warden and observations of facility operations

Summary of evidence to support findings: Analysis of the operation, dialogue with the staff and policy led the auditor to conclude that the provisions will be addressed, not at this facility. The auditor finds the facility compliant with the standard provisions.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview with members of the Sexual Abuse Incident Review Team
- Interview with the Warden
- Sexual Abuse Incident Review form
- Interview with the PREA Coordinator/PCM
- PAQ

The PAQ indicates that there were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents.

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(a) The standard requires that 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 Warden and PREA compliance manager. (e) The facility shall implement recommendations for improvement or shall document its reasons for not doing so.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) (b) (c) (d)(e) Policy supports all aspects of the standard provisions. A Sexual Abuse Incident Review form was provided to the facility to additionally ensure all provision requirements are addressed and documented, if ever needed. The auditor discussed the process with the Warden, Chief of Security, PREA Coordinator/PCM, nurse, case manager, all of whom would participate on the review team.

Summary of evidence to support findings: Policy, PAQ, interviews and the sexual abuse incident form provided, gave the auditor with sufficient evidence to support a finding of compliance.

Standard 115.87: Data collection

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01

- Interview PREA Coordinator/PCM
- Annual Report - agency
- Observations

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, (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; and (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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a) (b) (c) (d) Definitions used for collecting data are addressed in the PREA policy. The interview with the PREA Coordinator/PCM confirmed that she gathers and submits data as requested. The agency maintains this data as it is included in the Annual Report. (e) The PREA Annual Report, 2021 was completed by the Mississippi Department of Corrections demonstrated that data from facilities in which they have contractual relation are included in the report. (f)The facility has not received a request for an SSV. It was reported it will be addressed by the agency, MDOC.

Summary of evidence to support findings: Policy supports the requirements of the standard. The agency completes the Annual Report. Interviews with the PREA Coordinator/PCM support that data is collected and reported to the agency. Therefore, this standard is not applicable – compliant.

Standard 115.88: Data review for corrective action

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interview PREA Coordinator/PCM
- Link to website [PREA Audit Reports | Mississippi Department of Corrections \(ms.gov\)](https://www.ms.gov/prea)
- Annual Report on the Prison Rape Elimination Act

The following policy excerpts supports compliance with the requirements of this standard: Prison Rape Elimination Act of 2003 SOP 20-14-01 states, (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.

Policy mirrors the requirements of the PREA standards and provisions.

Summary of evidence to support findings:

(a)(b)(c)(d) The agency is responsible for the completion of the Annual Report. No redactions were required on the Corrective Action Plan. This standard is not applicable to this facility. The auditor finds the facility compliant with the standard provisions.

Standard 115.89: Data storage, publication, and destruction

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Prison Rape Elimination Act of 2003 SOP 20-14-01
- Interviews PREA Coordinator/PCM
- Documentation that it is on the website

The following policy excerpts supports compliance with the requirements of this standard:

Prison Rape Elimination Act of 2003 SOP 20-14-01 states, *(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.*

Policy mirrors the requirements of the PREA standards and provisions.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d) Policy supports the requirements of the standard. The auditor assessed where data is stored and determined that it is securely retained (computerized and/or hard copy maintained in the inmates' files in the case manager's office. Access to this office is controlled (Warden and case manager). Interviews and review of the agency's annual report provide evidence that the data is aggregated and noted specifically by facility. No information required redaction. It is report that this data is maintained at least ten years in accordance with policy.

Summary of evidence to support findings: Policy, interview with the PCM and observations of the website provide sufficient evidence that the facility is compliant with the standard provisions.

AUDITING AND CORRECTIVE ACTION

Standard 115.401:

See comments supporting compliance throughout the report.

Standard 115.403: Audit contents and findings

The previous PREA Audit report from 2020 is located on the agency website at [PREA Audit Reports | Mississippi Department of Corrections \(ms.gov\)](#).

