

PREA Facility Audit Report: Final

Name of Facility: Quitman County Community Work Center

Facility Type: Community Confinement

Date Interim Report Submitted: 07/15/2025

Date Final Report Submitted: 07/25/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Patrick Firman

Date of Signature: 07/25/2025

AUDITOR INFORMATION

Auditor name: Firman, Patrick

Email: patrickfirman@gmail.com

Start Date of On-Site Audit: 05/27/2025

End Date of On-Site Audit: 05/28/2025

FACILITY INFORMATION

Facility name: Quitman County Community Work Center

Facility physical address: 201 Camp B Road , Lambert , Mississippi - 38643

Facility mailing address:

Primary Contact

Name:	Shanell Reed
Email Address:	SReed@mdoc.state.ms.us
Telephone Number:	601-442-0129

Facility Director	
Name:	Shatoby Smith
Email Address:	SHPerry@mdoc.state.ms.us
Telephone Number:	662-326-2133

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

Facility Characteristics	
Designed facility capacity:	93
Current population of facility:	53
Average daily population for the past 12 months:	35
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	20-65
Facility security levels/resident custody levels:	Minimum Custody
Number of staff currently employed at the facility who may have contact with residents:	13
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Mississippi Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	301 North Lamar Street, Jackson, Mississippi - 39201
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information
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Name:	Lisa Neal	Email Address:	LNeal@mdoc.state.ms.us
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-05-27
2. End date of the onsite portion of the audit:	2025-05-28

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	93
15. Average daily population for the past 12 months:	35
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	48
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	14
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I received a roster of residents on the first day of the onsite and selected interviews from that list.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 1469 1469 1630"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 1675 1469 1756"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The PREA Coordinator reported that there were no residents housed at the facility during onsite that met this criteria. Random interviews with staff also confirmed this.</p>
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The PREA Coordinator reported that there were no residents housed at the facility during onsite that met this criteria. Random interviews with staff also confirmed this.</p>
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PREA Coordinator reported that there were no residents housed at the facility during onsite that met this criteria. Random interviews with staff also confirmed this.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PREA Coordinator reported that there were no residents housed at the facility during onsite that met this criteria. Random interviews with staff also confirmed this.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PREA Coordinator reported that there were no residents housed at the facility during onsite that met this criteria. Random interviews with staff also confirmed this.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PREA Coordinator reported that there were no residents housed at the facility during onsite that met this criteria. Random interviews with staff also confirmed this.</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PREA Coordinator reported that there were no residents housed at the facility during onsite that met this criteria. Random interviews with staff also confirmed this.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PREA Coordinator reported that there were no residents housed at the facility during onsite that met this criteria. Random interviews with staff also confirmed this.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PREA Coordinator reported that there were no residents housed at the facility during onsite that met this criteria. Random interviews with staff also confirmed this.</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PREA Coordinator reported that there were no residents housed at the facility during onsite that met this criteria. Random interviews with staff also confirmed this.</p>

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	8
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
If "Other," describe:	All staff that were available during the onsite were interviewed.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no volunteers or contractors assigned to the facility.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The auditor conducted a comprehensive on-site audit of the Quitman County Community Work Center (QCCWC) in Lambert, Mississippi. The visit included a full facility tour, document review, staff and resident interviews, signage evaluation, and observation of operational practices. Facility leadership and staff were cooperative, and residents appeared comfortable engaging with the audit process.

Quitman Community Work Center is composed of two dormitory-style housing units, dining areas, and administrative offices. The facility holds all male residents.

Residents are at the center for work release, or for technical parole violations where they will spend anywhere from 30-100 days. The male units have large shower areas each with multiple shower heads. Residents confirmed that they felt their privacy was respected when using these areas. Staff presence was observed in all living units, with routine walk-throughs conducted at regular intervals. The layout permits clear lines of sight, and all surveillance cameras were positioned appropriately to avoid compromising privacy in shower and restroom areas. Supervisory staff demonstrated an understanding of PREA principles related to cross-gender viewing and searches. All staff announced their presence prior to entering housing units with residents of the opposite gender.

All incoming residents receive a PREA orientation during intake, which includes distribution of educational materials, and a verbal explanation of resident rights and reporting methods. Residents complete a written acknowledgment of receiving PREA education. Individual interviews confirmed that residents understood the content and could articulate various ways to report abuse, including to staff, through the hotline, in writing, and to external agencies. Posters and informational brochures were observed throughout the facility, clearly outlining PREA protections in both English and Spanish.

Risk screenings are conducted one-on-one in private intake rooms by trained staff. Screenings include questions that assess the resident's risk for sexual victimization or abusiveness. There were no scheduled intakes of new residents during the onsite, so the auditor participated in a mock intake to understand the process. All screening forms are stored securely, and documentation showed timely completion within 72 hours of arrival.

Residents have multiple avenues for reporting sexual abuse or harassment, including a toll-free hotline, grievance forms, access to case managers, and mailing letters to external organizations. Envelopes and stamps are distributed to indigent residents upon request.

The facility adheres to agency policy prohibiting cross-gender strip and pat searches, except under emergency circumstances. Strip searches are conducted in private spaces and by staff of the same gender. No such searches were observed or reported during the visit.

PREA-related records are securely stored in locked filing cabinets located within case manager offices. Only assigned staff have access to these documents. Electronic records are maintained in the facility's case management system, which is password-protected and access-controlled. Staff demonstrated an understanding of confidentiality requirements, including limiting the sharing of sensitive information to individuals with a legitimate need to know.

Language interpretation services are available through a contracted telephone service provider. During the audit, hotline numbers posted in living units were tested. Staff interviews revealed general awareness of how to access interpretation services, but

	additional training was recommended to reinforce consistent application, particularly during intake and incident reporting.
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Documentation Sampling	
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Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
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77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	
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☒ Yes

☐ No

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

Twelve resident records were randomly selected and reviewed to determine compliance with screening requirements and PREA education. All residents are screened within 24 hours of arrival at the facility and followed up, when necessary, within 30 days. Residents determined to be at risk of victimization or being abusers are referred for evaluations. Residents must sign to accept or decline the service. All resident records reviewed contained appropriate acknowledgment for receiving PREA educational materials.

Eight staff records were randomly selected and reviewed. All records reviewed contained an acknowledgment of annual PREA training, including training on searches. All files examined contained initial background clearances completed through the Correctional Investigation Division (CID) of the Mississippi Department of Corrections. Staff members that had been promoted in the past 12 months had completed backgrounds before the promotion. Staff members who had previous institutional experience had documentation in their files that the prior institutions were contacted. All staff members have background clearances renewed every five years.

The facility reported no volunteers or contractors at the facility who would have contact with residents.

The facility had zero allegations of sexual abuse or sexual assault during the reporting period.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no allegations of sexual abuse or sexual harassment made during the reporting period.

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

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

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

AB Management

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.211</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> Quitman County Community Work Center (QCCWC) PAQ Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) QCCWC Organizational Chart Interview with the PREA Coordinator Interview with the PREA Manager <p>Reasoning and analysis (by provision):</p> <p>115.211(a)</p> <p>What was read as part of a systematic review of evidence:</p>

1. The facility PAQ:
 1. Reported that the agency has a written policy mandating zero tolerance.
 2. Reported that the agency has a written policy outlining the agency's approach to preventing, detecting, and responding to such conduct.
 3. Reported that the policy includes definitions of prohibited behaviors.
 4. Reported that the policy includes sanctions for those found to have participated in prohibited behaviors.
 5. Reported that the policy includes a description of the agency's strategies and responses to reduce and prevent SA and SH of residents.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003:
 1. Outlines the agency's zero tolerance policy toward sexual abuse and sexual harassment.
 2. Provides definitions of prohibited behaviors and sanctions.

115.211(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency employs an upper-level, agency-wide PREA Coordinator.
 2. Reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003:
 1. Outlines the designation and responsibilities of an agency-wide PREA Coordinator.

What was heard as part of a systematic review of evidence:

1. Interview with the PREA Coordinator:
 1. PREA Coordinator reported that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all community confinement facilities.
2. Interview with PREA Manager:
 1. The PREA Manager reported that she feels like she has sufficient time and resources to oversee the facilities efforts to comply with PREA Standards.

Based on this analysis, the facility substantially complies with this standard, and corrective action is not required.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.212</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Interview with the Facility Director confirmed that the agency has not entered into or renewed a contract for the confinement of its residents since the last PREA audit. <p>Based on this analysis, the facility substantially complies with this standard, and corrective action is not required.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.213</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • QCCWC Approved Staffing Plan (effective 2/21/2025) • QCCWC security staff schedule • QCCWC facility floor plans with camera locations • PREA Facility Visit Form • Interview with Facility Director • Interview with PREA Coordinator • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.213(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility develops and documents a staffing plan

- that provides for adequate levels of staffing.
- 2. Reported that the average daily number of residents since the last PREA audit was 35.
- 3. Reported that since the last PREA audit, the staffing plan was developed based on 93 residents.
- 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 4-5):
 - 1. Outlines that 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:
 - 2. All components of the facility's physical plant (including "blind spots" staff or inmates may be isolated); (2) The composition of the inmate population.
 - 3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
 - 4. Any other relevant factors.
- 3. Approved facility staffing plan was reviewed and compared with actual staffing observed during the onsite visit.
- 4. Annual PREA Facility Visit Forms were reviewed and found to contain all of the requirements of this standard.
- 5. Facility layout diagram with camera locations was reviewed and compared to actual locations during the onsite visit.

What was heard as part of a systematic review of evidence:

- 1. Interview with PREA Coordinator:
 - 1. PREA Coordinator reported that a staffing plan has been developed for the facility that provides adequate staffing levels and video monitoring. The plan is reviewed each year.
- 2. Interview with Facility Director:
 - 1. Confirmed that a staffing plan is in place that is reviewed each year. The staffing plan takes into account the number of residents, as well as the availability of cameras and mirrors throughout the facility.

What was observed as part of a systematic review of evidence:

- 1. Site review:
 - 1. Observation of staffing over several shifts revealed that there appeared to be adequate staff available to cover the facility.
 - 2. Observation of camera and mirror placement to cover all blind spots and entrance/exits to areas where residents were not allowed.
 - 3. Informal conversations with staff regarding staffing levels revealed

that there are minimum levels of staff that must be at the facility at all times. Vacancies are filled with overtime.

115.213(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that there have been no instances where the staffing plan has not been complied with.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 4):
 1. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

What was heard as part of a systematic review of evidence:

1. Interview with Facility Director:
 1. Reported that he is required to document and report any deviations from the staffing plan.
 2. Reported that there have been no deviations from the approved staffing plan. Overtime is utilized to cover any openings from staff absences.

115.213(c)

What was read, as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the staffing plan is reviewed yearly.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 4-5):
 1. Requires that whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by §115.211, 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. Prevailing staffing patterns.
 3. The facility's deployment of video monitoring systems and other monitoring technologies.
 4. The resources the facility has available to commit to ensure adherence to the staffing plan.
3. A Review of annual staffing plans for past three years:
 1. Revealed that consideration was given to adequate level of staffing.
 2. Revealed that consideration was given to any need for additional

	<p>cameras or mirrors.</p> <p>3. Revealed that consideration was given to previous reports of sexual abuse/sexual harassment.</p> <p>What was heard, as a part of a systematic review of evidence:</p> <p>1. Interview with Agency PREA Coordinator:</p> <p>1. Reported that each facility is required to conduct an annual "PREA Facility Visit Form", which requires them to review their staffing plan and all components of the physical plant.</p> <p>Based on this analysis, the facility complies with this standard, and corrective action is not required.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.215</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • PREA Staff Training Acknowledgements • Interview responses from random staff • Interview responses from random residents • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.215(a)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <p>1. Reported that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>2. Reported that there have been zero cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve months.</p> <p>2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape</p>

Elimination Act of 2003 (p. 6):

1. Outlines that 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.
2. 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 residents.

What was observed, as part of a systematic review of evidence:

1. Site review observations:
 1. Informal conversations with staff and residents confirmed that cross-gender strip search and body cavity searches are not performed at the facility.

115.215(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility does not permit cross-gender pat-down searches of female residents.
 2. Reported that the facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.
 3. Reported that zero pat-down searches of female residents by male staff have taken place.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 6):
 1. The facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other outside opportunities.
 2. Outlines that facilities shall not restrict female residents' access to regularly available programming or other outside opportunities.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed all confirmed that cross-gender pat-down searches are not conducted at the facility.
2. QCCWC does not house any female residents.

115.215(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.
 2. Reported that facility does not house female residents.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 6):
 1. 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 residents.

115.215(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility has implemented policy and procedures that enable residents to shower, perform bodily functions and change clothing without non- medical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when viewing is incidental to routine cell checks.
 2. Reported that policy and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothes.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 6):
 1. The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

What was heard as part of a systematic review of evidence:

1. Interviews with random residents:
 1. All of the residents interviewed stated that staff of the opposite gender consistently announce their presence when entering an area where they may be showering, using the toilet, or changing their clothes.

2. All of the residents interviewed stated that there has not been an instance where staff of the opposite gender has seen a resident in an unclothed state.
2. Interviews with random staff:
 1. Staff interviewed stated that they always announce themselves when entering an area where residents of the opposite gender are living.
 2. Staff interviewed stated that residents are able to dress, shower and toilet without being viewed by staff of the opposite gender.

What was observed as part of a systematic review of evidence:

1. Site review:
 1. Only male residents are housed at QCCWC.
 2. Mirrors and camera placement do not provide views into areas where residents shower, toilet or change clothes.
 3. A review of camera monitoring areas confirmed that cameras do not show areas where residents may be toileting, showering or changing clothes.
 4. Toilets and showers have privacy dividers and curtains.
 5. Informal conversations with residents and staff indicated that staff consistently announce their presence to include loud verbal announcements and knocking on doors before entering living areas of residents of the opposite gender.
 6. Observations made during the onsite revealed that female staff consistently knock and announce themselves when entering the male living areas.

115.215(e)

What was read as part of a systematic review of evidence:

1. Facility PAQ:
 1. Reported that there is a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status.
 2. Reported that zero searches as described above have occurred in the past 12- months.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 6):
 1. The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, 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.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed reported that they were aware of policy prohibiting the searching or physically examining transgender or intersex residents for the sole purpose of determining genital status.
 2. There were no transgender residents at the facility during the onsite.

115.215(f)

What was read as part of a systematic review of evidence:

1. Facility PAQ:
 1. Reported that 100% of security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 6):
 1. The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
3. A review was conducted of staff PREA training curriculum on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.
4. A review of random training files revealed that staff had received and acknowledged training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.
5. A review of random staff training acknowledgement forms revealed that staff are required to acknowledge that they understood the training they received.

What was heard as a part of a systematic review of evidence:

1. Interviews with random staff:
 1. All staff interviewed stated that they had received training in conducting cross- gender pat-down searches as well as searching transgender and intersex residents in a professional and respectful manner.
 2. Staff interviewed stated that they do not perform any cross-gender pat-down searches.

Based on this analysis the facility is substantially compliant with this standard, and corrective action is not required.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.216</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Mississippi Department of Corrections Inmate Handbook (Revised 2023) (English/Spanish) • QCCWC resident reporting options posters (English/Spanish) • Language line contract • Interview with Agency Head designee • Interviews with random staff • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.216(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has established procedure to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to SA and SH. 2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 7): <ol style="list-style-type: none"> 1. Outlines that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents 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 residents 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 residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

2. 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.
3. 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 residents 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.

What was heard as a part of a systematic review of evidence:

1. Interview with Agency Head designee:
 1. Stated that PREA education materials are provided in different formats to include both English and Spanish.
 2. Staff are prohibited from relying on inmates to interpret.
2. There were no residents who were disabled housed at the facility during the onsite.

What was observed as a part of a systematic review of evidence:

1. Site review observations:
 1. Telecommunication Device for the Deaf (TDD) was available for staff to use in the event a resident was housed at the facility who was deaf.
 2. Handbooks with PREA educational materials are available in both English and Spanish.

115.216(b)

What was read as a part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to SA and SH.
2. Mississippi Department of Corrections Inmate Handbook is available in both English and Spanish.
3. QCCWC resident reporting posters are printed in both English and Spanish.
4. QCCWC has a contract in place with Global Interpreting Services to provide

interpretation services.

What was heard as a part of a systematic review of evidence:

1. There were no residents who were limited English proficient housed at the facility during the onsite visit.

What was observed as a part of a systematic review of evidence:

1. Site review observations:
 1. Signage for reporting and emotional support services were observed in both English and Spanish.
 2. Educational material was observed in both English and Spanish.

115.216(c)

What was read as a part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency prohibits the use of resident interpreters except in limited circumstances where an extended delay could compromise the resident's safety, the performance of first responder duties or the investigation of the resident's allegations.
 2. Reported that any use of resident interpreters is documented.
 3. Reported that in the past 12 months there were zero instances where residents were used to interpret.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 7):
 1. The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under§ 115.264, or the investigation of the resident's allegations.

What was heard as a part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed stated that it was against policy to use other residents to interpret, and they would not do it.
 2. Most staff interviewed were not aware that they could use the language line. This was brought to the attention of the PREA Manager who stated that they would further educate staff in its use.
2. There were no LEP residents housed at the facility during the onsite visit.

What was observed as part of a systematic review of evidence:

	<ol style="list-style-type: none"> 1. Site review observations: <ol style="list-style-type: none"> 1. Confirmed the presence of educational material in various languages. 2. Access to the language line was tested and found to be operational. <p>Based on this analysis the facility is substantially compliant with this standard, and corrective action is not required.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.217</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Review of staff personnel files • Interview with administrative staff <p>Reasoning and analysis (by provision):</p> <p>115.217(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: <ol style="list-style-type: none"> 1. Has engages in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 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. 3. Has been civilly or administratively adjudicated to have engaged in the activity described above. 2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 9):

1. The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, 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.

3. Review of random employee files:

1. Revealed that staff hired or promoted in the past 12 months had criminal record background checks conducted.
2. Revealed that all new hires are required to affirmatively disclose in writing any activity described in 115.217(a)-1.
3. Revealed that staff who were promoted had a new criminal background conducted and were also required to affirmatively disclose in writing any activity described in 115.217(a)-1.

115.217(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency policy requires the consideration of 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 residents.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 9):
 1. 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 residents.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that background checks are completed through the Mississippi Department of Corrections (MDOC) Corrections Investigation Division (CID).
 2. Confirmed that incidents of sexual harassment are considered when determining to hire or promote anyone.

115.217(c)**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the agency policy requires that before it hires any new employee who may have contact with residents, it conducts a criminal background record check and makes its best efforts to contact all prior institutional employers for information on substantiated allegation of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
 2. Reported that in the past 12 months there were 3 persons hired who may have contact with residents who have had criminal background record checks.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 9):
 1. Before hiring new employees who may have contact with residents, 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.
3. Review of random employee files:
 1. Revealed that applicants are asked about employment at other institutions.
 2. Revealed that employees who indicated prior employment at correctional institutions, that information is requested from the other institutions as part of the background investigation.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that when an employee indicates that they have worked at another institution, part of the background that is completed includes requesting information from that facility regarding any substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.217(d)**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that agency policy requires that a criminal background

check be completed before enlisting the services of any contractor who may have contact with residents.

2. Reported that in the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was zero.

2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 9):

1. The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that background checks are completed through the agency's Corrections Investigation Division (CID)

115.217(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency policy requires that a criminal background check be conducted at least every five years for current employees and contractors who may have contact with residents.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 9):
 1. The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that background checks are completed by the agency's Corrections Investigation Division (CID).
 2. Confirmed that new background checks are completed at least every five years, or when an employee is promoted.

115.217(f/g)

What was read as part of a systematic review of evidence:

1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape

	<p>Elimination Act of 2003 (p. 9):</p> <ol style="list-style-type: none"> 1. The agency shall also ask all applicants and employees who may have contact with residents 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. 2. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. <p>2. Review of random employee files:</p> <ol style="list-style-type: none"> 1. Revealed that staff are required to sign an affirmative disclosure statement yearly as part of their evaluation. 2. This disclosure includes all activity described in 115.217(a)-1. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with administrative staff: <ol style="list-style-type: none"> 1. Confirmed that staff are required to sign a disclosure form prior to hire and again as part of their yearly performance appraisal. 2. Confirmed that staff are required to affirmatively disclose any misconduct. <p>115.217(h)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 9): <ol style="list-style-type: none"> 1. 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. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with administrative staff: <ol style="list-style-type: none"> 1. Stated that MDOC will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving request. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard

Auditor Discussion**115.218(a/b)****Evidence relied upon in making the compliance determination:**

- Quitman County Community Work Center (QCCWC) PAQ
- Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015)
- Interview with Facility Director

Reasoning and analysis (by provision):**115.218 (a/b)****What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities.
 2. Reported that the facility has not updated a video monitoring system, electronic surveillance system, or other monitoring technology since the previous PREA audit.
2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 9):
 1. Requires that 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 residents from sexual abuse.
 2. 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 residents from sexual abuse.

What was heard as a part of a systematic review of evidence:

1. Interview with Facility Director:
 1. Confirmed that there have been no new facilities or substantial expansion or modification to existing facilities at QCCWC.
 2. Stated that the facility is in the process of adding additional cameras to the facility to enhance supervision of residents in the outside recreation areas.

Based on this analysis the facility is substantially compliant with this standard, and corrective action is not required.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.221</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (effective 02-01-2015) • MOU with Mississippi Coalition Against Sexual Assault • Interview with PREA Coordinator • Interviews with random staff <p>Reasoning and analysis (by provision):</p> <p>115.221(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency is responsible for conducting administrative sexual abuse investigations. 2. Reported that the facility is responsible for conducting criminal sexual abuse investigations. 3. Reported that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 4. Reported that protocol was adapted from the DOJ’s Office on Violence Against Women publication: “A National Protocol for Sexual Assault Medical Forensic Examinations”. 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 10-11): <ol style="list-style-type: none"> 1. 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. 2. 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. <p>What was heard as part of a systematic review of evidence:</p>

1. Interviews with random sample of staff:
 1. Staff interviewed understood the agency's protocols for preserving and maintaining physical evidence if a resident alleges sexual abuse and gave examples of the steps they would take.

115.221(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility offers all residents who experience sexual abuse access to forensic medical examinations.
 2. Reported that forensic examinations are offered without financial cost to the victim.
 3. Reported that examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).
 4. Reported that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.
 5. Reported the facility documents efforts to provide SANEs or SAFE's.
 6. Reported that there were zero PREA cases requiring forensic medical exams conducted during the past 12 months.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 10-11):
 1. 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.
 2. 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.
 3. 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.
 4. The agency shall document its efforts to provide SAFEs or SANEs.

What was heard as a part of a systematic review of evidence:

1. There were no residents who had reported a sexual abuse housed at the facility during the onsite.

115.221(d/e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility attempts to make available to the victim a victim advocate from a rape crisis center either in person or by other means.
 2. Reported that all efforts are documented.
 3. Reported that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.
 4. Reported that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 10-11):
 1. Outlines that 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. 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.
 2. 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.
 3. 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.
3. MOU with Mississippi Coalition Against Sexual Assault (MCASC):

	<ol style="list-style-type: none"> 1. The QCCWC, through MDOC has an MOU with MCASC to provide services to the facility. They are available to serve as a victim advocate to victims of sexual assault at the QCCWC. 2. MCASA is available to provide an advocate to accompany and support the victim through the forensic exam process, if requested and shall provide any needed or requested emotional support or crisis intervention services. <p>What was heard as a part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview responses from PREA Coordinator: <ol style="list-style-type: none"> 1. Reported that Quitman has an MOU in place with the Mississippi Coalition Against Sexual Assault to provide services to residents who are victims of sexual abuse. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.222</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • MDOC Website (Investigations) • Interview with Agency Head designee <p>Reasoning and analysis (by provision):</p> <p>115.222(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 2. Reported that in the past 12 months there were zero allegations of

	<p>sexual abuse and sexual harassment that were received.</p> <ol style="list-style-type: none"> Reported that in the past 12 months there were zero allegations resulting in an administrative investigation. Reported that in the past 12 months the number of allegations referred for criminal investigation was zero. <ol style="list-style-type: none"> There were no allegations of sexual abuse or sexual harassment reported during the review period. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> Interview with Agency Head designee: <ol style="list-style-type: none"> Reported that administrative or criminal investigations are required by policy to be reported. <p>115.222 (b/c)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> The facility PAQ: <ol style="list-style-type: none"> Reported that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. Reported that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. Reported that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 11): <ol style="list-style-type: none"> Outlines that the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 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 document all such referrals. A review of the agency's website: https://www.mdoc.ms.gov/inmates <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.231

Evidence relied upon in making the compliance determinations:

- **Quitman County Community Work Center (QCCWC) PAQ**
- **Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015)**
- **PREA Staff Training Curriculum**
- **PREA Staff Training Acknowledgement Waivers**
- **Interviews with random staff**

Reasoning and analysis (by provision):

115.231(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.
 2. Reported that the agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
 3. Reported that the agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment.
 4. Reported that the agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
 5. Reported that the agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.
 6. Reported that the agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims.
 7. Reported that the agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse.
 8. Reported that the agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents.
 9. Reported that the agency trains all employees who may have

contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents.

10. Reported that the agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 12):
 1. The agency shall train all employees who may have contact with residents on:
 1. It's 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. Residents' right to be free from sexual abuse and sexual harassment.
 4. The right of residents 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 residents.
 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
 3. A review of random employee training files:
 1. All files reviewed contained a signed acknowledgement by staff that training was provided and understood.
 4. PREA staff training curriculum:
 1. Training includes all required aspects of this standard.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed acknowledged initial and annual training on all required aspects of this standard.
 2. Staff interviewed were able to provide details regarding various aspects of the training to demonstrate their understanding.

115.231(b)

	<p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that training is tailored to the gender of the residents at the facility. 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 12): <ol style="list-style-type: none"> 1. Training shall be tailored to the gender of the residents at the employee's facility 3. PREA staff training curriculum was reviewed and found to contain training tailored to both male and female detainees. <p>115.231(c)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that between trainings the agency provides employees who may have contact with residents receive refresher information yearly. 2. Reported that employees who may have contact with residents receive annual training on PREA requirements on an annual basis. 2. A review of staff training records revealed that all current employees who may have contact with residents received training on PREA requirements. <ol style="list-style-type: none"> 1. This training is conducted annually. <p>115.231(d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. 2. Staff files were randomly inspected, and all contained signed acknowledgements by staff that training was provided and understood. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.232

Evidence relied upon in making the compliance determinations:

- **Quitman County Community Work Center (QCCWC) PAQ**
- **Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015)**
- **Volunteer Guide to the Mississippi Department of Corrections**

Reasoning and analysis (by provision):

115.232(a/b/c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that there were zero volunteers and contractors who have been trained.
 2. Reported that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
 3. Reported that the level and type of training provided to volunteers and contractor is based on the services they provide and the level of contact they have with residents.
 4. Reported that all volunteers and contractors who have contact with resident have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
 5. Reported that the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 13):
 1. Outlines that the agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
 2. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
 3. Outlines that the agency shall maintain documentation confirming that volunteers and contractors understand the training they have

	<p>received.</p> <p>3. Volunteer Guide to the Mississippi Department of Correction:</p> <ol style="list-style-type: none"> Curriculum outlines the expectations of all volunteers and contractors as it relates to the PREA standards. <p>What was heard as part of a systematic review of evidence:</p> <p>1. Statement from Facility Director:</p> <ol style="list-style-type: none"> Quitman does not currently have any volunteers or contractors who are authorized to be in the facility. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.233</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> Quitman County Community Work Center (QCCWC) PAQ Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) Mississippi Department of Corrections Inmate Handbook PREA Education Pamphlets Resident Acknowledgement of Receipt of Inmate Handbook Resident Acknowledgement of Required Training Review of random resident intake records Interviews with intake staff Interviews with random residents Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.233(a)</p> <p>What was read a part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <ol style="list-style-type: none"> Reported that residents receive information at time of intake about the zero- tolerance policy, how to report incidents or suspicions of

sexual abuse or harassment, 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.

2. Reported that 78 residents admitted during the past 12 months were given this information.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 14):
 1. During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, 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.
3. Review of intake records:
 1. A random sampling of intake records revealed that residents signed acknowledgement for receipt of PREA information during the intake process.
 2. A random sampling of intake records revealed that residents received orientation the same or following day after arriving to the facility.
4. Review of resident PREA education materials:
 1. PREA education materials cover all relevant materials.
 2. PREA education materials are provided in English and Spanish.

What was heard as part of a systematic review of evidence:

1. Interviews with intake staff:
 1. Intake staff reported that residents are provided with information regarding the facilities zero-tolerance for sexual abuse and sexual harassment at the time of their intake.
 2. Intake staff reported that orientation normally takes place the same day that the resident arrives to the facility.
2. Interviews with random residents:
 1. Residents interviewed reported that they received information regarding the facility's zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting sexual abuse and sexual harassment.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. A mock intake was provided to the auditor by intake staff.
 1. Orientation included information about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse

or harassment, 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.

2. The residents are given a packet of information regarding PREA.
3. The staff member conducting the intake went over everything with the resident and provided opportunities to ask questions.
4. Each intake/education and Risk Screening completed individually and in private.

115.233(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a).
 2. Reported that 12 residents transferred from a different community confinement facility in the past 12 months.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 14):
 1. The agency shall provide refresher information whenever a resident is transferred to a different facility.

What was heard as a part of a systematic review of evidence:

1. Interview with intake staff:
 1. Reported that all residents receive the same PREA information at intake and orientation regardless of whether they came from another facility or not.

115.233(c/d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.
 2. Reported that resident PREA education is available in formats accessible to all residents, including those who are deaf.
 3. Reported that resident PREA education is available in formats accessible to all residents, including those who are visually impaired.

Manuals are available in large print if needed.

4. Reported that resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. The facility will take any means necessary to ensure residents get and comprehend any PREA materials.
 5. Reported that resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.
 6. Reported that the agency maintains documentation of resident participating in PREA education sessions.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 14):
1. Requires that the agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.
 2. The agency shall maintain documentation of resident participation in these education sessions.
 3. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.
3. Inmate Handbooks containing PREA education material were observed to be available in both English and Spanish.
4. Resident Acknowledgement of Receipt of PREA Educational Material receipts were randomly reviewed and found to be complete.

What was heard as a part of a systematic review of evidence:

1. Interview with intake staff:
 1. Reported that orientation and education materials were available in both English and Spanish.
 2. Reported that if a language barrier existed, they would enlist the services of a staff member who was bilingual or use the language line that was available to them.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. A TDD machine was observed to be available for residents who were deaf.

115.233(e)

What was read as part of a systematic review of evidence:

	<ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 14): <ol style="list-style-type: none"> 1. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. <p>What was observed as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Site review observations: <ol style="list-style-type: none"> 1. Signage was observed throughout the facility providing options for reporting sexual abuse and sexual harassment as well as educational materials regarding PREA. 2. Handbooks are provided to each resident that they are able to retain. 3. Information regarding reporting sexual abuse and sexual harassment are provided to residents through their tablets. 4. Informal conversations with residents verified that they had a copy of the handbook. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.234</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (effective 02-01-2015) • PREA Investigations - Sexual Abuse in Confinement Settings curriculum • PREA Investigator Specialized Training Documentation • Interview with PREA Coordinator <p>Reasoning and analysis (by provision):</p>

115.234(a/b/c/d)**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.
 2. Reported that the agency maintains documentation showing that investigators have completed the required training.
 3. Reported that the number of investigators currently assigned to the facility who have completed the required training is one.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 14):
 1. Outlines that in addition to the general training provided to all employees pursuant to § 115.231, 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.
 2. 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.
 3. The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.
3. PREA Investigator training documentation was reviewed for the facility investigator assigned to Quitman.
4. PREA Special Investigator training reviewed and found to contain all relevant topics.

What was heard as part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. Reported that all investigations are conducted through the Correctional Investigation Division of the Mississippi Department of Corrections.
 2. Reported that there are no investigators that work exclusively out of the Quitman facility.

Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.

115.235 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

	Auditor Discussion
	<p>115.235</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Interview with PREA Coordinator <p>Reasoning and analysis (by provision):</p> <p>115.235(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency does not have medical or mental health practitioners who work regularly at the facility. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with PREA Coordinator: <ol style="list-style-type: none"> 1. Confirmed that there are no medical or mental health practitioners who work regularly at the facility. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>114.241</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • PREA Risk Assessments • PREA Vulnerability Reassessment Questionnaire • Review of random resident intake files • Interviews with staff responsible for risk screening • Interview with PREA Coordinator

- Interviews with random residents
- Site review observations

Reasoning and analysis (by provision):

115.241(a/b/c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that 78 residents entered the facility in the past 12 months who were screened within 72 hours (100%).
 2. Reported that risk assessment is conducted using an objective screening instrument.
 3. Reported that the risk assessment is conducted using an objective screening instrument.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 16):
 1. Requires that all residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.
 2. Outlines that intake screening shall ordinarily take place within 72 hours of arrival at the facility.
 3. Such assessments shall be conducted using an objective screening instrument.

What was heard as a part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Reported that they conduct a risk screening on individuals coming into facility, normally the same day they arrive, but always within 24 hours of their arrival.
 2. Reported that they use a standard MDOC Risk Assessment form.
2. Interviews with random residents:
 1. Reported that they were asked questions from the risk screening either as soon as they entered the facility, or the next day if they arrived later in the evening.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. A mock intake was conducted while onsite.
 1. The MDOC risk assessment tool was used by staff to complete the screening.
 2. Informal conversations with staff and residents revealed that intakes

are done at the time of the resident's arrival.

115.241(d/e)

What was read as part of a systematic review of evidence:

1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 16):
 1. The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:
 1. Whether the resident has a mental, physical, or developmental disability.
 2. The age of the resident.
 3. The physical build of the resident.
 4. Whether the resident has previously been incarcerated.
 5. Whether the resident's criminal history is exclusively nonviolent.
 6. Whether the resident has prior convictions for sex offenses against an adult or child.
 7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, gender nonconforming.
 8. Whether the resident has previously experienced sexual victimization; and
 9. The resident's own perception of vulnerability.
 2. The intake 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 residents for risk of being sexually abusive.
2. MDOC risk screening tool was examined:
 1. Considers all criteria as outlined in the standard and policy.

What was heard as part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Staff interviewed reported that the MDOC risk screening tool is used during the intake screening process and that it included all the required elements outlined in this standard.

115.241(f/g)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that policy requires that the facility reassess each resident's risk of victimization or abusiveness with a set time period, not to exceed 30 days after the resident's arrival at the facility,

based upon any additional, relevant information received by the facility since the intake screening.

2. Reported that 78 residents entering the facility in the past 12 months whose length of stay was for 30 days were reassessed for their risk of sexual victimization within 30 days after their arrival at the facility.
 3. Reported that policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 16):
1. Outlines that within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
 2. Requires that a resident'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 resident's risk of sexual victimization or abusiveness.
 3. A review of a random sample of resident files revealed that all who were eligible for a reassessment had them completed within 30 days of their arrival.

What was heard as part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Staff interviewed stated that a reassessment of residents occurs within 30 days, normally sooner of their initial assessment.
 2. Staff interviewed stated that residents would be reassessed if any additional, relevant information became available.
2. Interviews with residents:
 1. Residents interviewed stated that they had been reassessed or asked similar questions to the ones they were asked when they arrived.

115.241(h)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has

previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 16):

1. Outlines that residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to this section.

What was heard as a part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Staff stated that residents would not and have not been disciplined for refusing to answer any of the questions on the risk screening.
 2. Intake staff reported that they have not experienced a resident refusing to answer any of the risk assessment questions but would follow up with a supervisor if it happened to occur.

115.241(i)

What was read as part of a systematic review of evidence:

1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 16):
 1. 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 resident's detriment by staff or other residents.

What was heard as a part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. Reported that access to a resident's risk assessment is limited to those requiring the information to make housing assignments.
2. Interview with staff responsible for risk screening:
 1. Reported that only the Majors have access to the risk screening forms when they are completed, and they are kept locked in an office.

What was observed as part of a systematic review of evidence:

1. Site observations:
 1. File storage areas were observed to be locked with limited access.
 2. Computers access is strictly controlled, and staff only have access to files that are related to their specific assignments.

	<p>3. All computers have lock-screens that require staff to enter a password to activate.</p> <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • PREA Risk Assessments • PREA Vulnerability Reassessment Questionnaire • Interview with PREA Coordinator • Interview with PREA Manager • Interview with staff responsible for risk screening • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.242(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility uses information from the risk screening guide required by 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive 2. Reported that the facility makes individualized determinations about how to ensure the safety of each resident. 2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 17): <ol style="list-style-type: none"> 1. The agency shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at

high risk of being sexually victimized from those at high risk of being sexually abusive.

2. The agency shall make individualized determinations about how to ensure the safety of each resident.

What was heard as part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Reported that the risk screenings are used to determine the most appropriate and safest area to house each individual resident

115.242(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by- case basis whether a placement would ensure the resident's health and safety.
 2. Reported that in making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 17):
 1. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

What was heard as part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. Reported that all housing assignments are made based on what would be the safest for the individual resident.
2. There were no transgender residents housed at the facility during the onsite.

115.242(d)

What was read as part of a systematic review of evidence:

1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 17):

1. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

What was heard as part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. Reported that a transgender or intersex resident's own view are given serious consideration with respect to her or her own safety.
2. Interview with staff responsible for risk screening:
 1. Reported that during the intake risk screening process, residents who identify as transgender or intersex are asked if they feel safe or have any concerns regarding their placement.
 2. The opinion of the resident is given serious consideration as it relates to their assignments.
3. There were no transgender residents housed at the facility during the onsite.

115.242(e)

What was read as part of a systematic review of evidence:

1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 17):
 1. Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
 2. The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents 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 residents.

What was heard as a part of a systematic review of evidence:

1. Interview with PREA Manager:
 1. Reported that all residents are given the opportunity to shower separately.
2. Interview with staff responsible for risk screening:
 1. Reported that all residents are given the opportunity to shower separately.
3. There were no transgender residents housed at the facility during the onsite.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. In housing units with group showers, accommodations are made for

	<p>transgender residents to shower privately during certain times of the day.</p> <p>115.242(f)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 17):</p> <p>1. The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents 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 residents.</p> <p>What was heard as part of a systematic review of evidence:</p> <p>1. Interview with PREA Coordinator:</p> <p>1. Reported that MDOC is not under any type of consent decree, legal settlement, or legal judgment. Reported that lesbian, gay, bisexual, transgender, or intersex residents are not placed in dedicated facilities, units, or wings based solely on the basis of their identification.</p> <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.251</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none">• Quitman County Community Work Center (QCCWC) PAQ• Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (effective 02-01-2015)• Employee Reporting Options Poster• Resident Reporting Options Poster• Mississippi Department of Corrections Inmate Handbook (revised 2023)

- Interview with PREA Coordinator
- Interviews with random staff
- Interviews with random residents
- Site review observations

Reasoning and analysis (by provision):

115.251(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment, retaliation by staff or other residents and staff neglect or violation of responsibility that may have contributed to such incidents.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 18-19):
 1. The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
3. Mississippi Department of Corrections Inmate Handbook (p. 19):
 1. Outlines multiple ways for residents to privately report incidents of sexual abuse and sexual harassment.
4. PREA postings:
 1. Outlines multiple ways for residents to privately report incidents of sexual abuse and sexual harassment.

What was heard as a part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed were all familiar with multiple ways for residents and staff to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents. When asked, staff were able to articulate different ways available to report.
2. Interviews with random residents:
 1. Residents interviewed provided examples of different ways to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents.

What was observed as a part of a systematic review of evidence:

1. Site review observations:

1. Signage:

1. Signage regarding reporting was observed throughout the facility.
2. Signage was printed in a font that was easily readable.
3. Signage was provided in English and Spanish.
4. Signage outlined multiple ways for residents to make reports.

2. Telephones:

1. Multiple telephones are located just outside of the housing units.
2. Residents were able to make calls to the hotlines through their assigned tablets.

3. Hotline numbers were tested by the auditor while onsite.

Corrective Action:

At the time of the onsite, it was discovered that calls made through the hotline speed dial number to access confidential emotional support services was being recorded. The agency took steps to correct the issue and provided documentation to the auditor that the calls were now able to be conducted in privacy without being recorded from both the resident tablet as well as the wall phones at the center.

115.251(b)

What was read as a part of a systematic review of evidence:

1. The facility PAQ:

1. Reported that the agency provides at least one way for residents to report abuse or harassment to a public or private entity that is not a part of the agency.

2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 18-19):

1. The agency shall also inform residents of at least one way 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 resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

3. Resident Reporting Options Poster and PREA Education Manual for Residents:

1. Outlines how residents may privately report incidents to an entity that is not a part of Mississippi Department of Corrections.

What was heard as part of a systematic review of evidence:

1. Interview with PREA Coordinator:

1. Reported that MDOC has an MOU with the Mississippi Coalition

Against Sexual Abuse who provides services for residents to report sexual abuse or sexual harassment.

2. Interviews with random residents:
 1. Residents interviewed stated that they were aware of multiple ways to make a report and were able to articulate different methods.
 2. Residents interviewed stated that they believed that the hotline numbers that were posted would allow them to remain anonymous.

115.251(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.
 2. Reported that staff are required to document verbal reports immediately.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 18-19):
 1. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. All staff interviewed stated that they would accept both verbal and written reports from residents and that they would immediately report the incident to their supervisor or the Facility Director.
 2. Staff interviewed stated that they would always document reports regardless of where they came from.
2. Interviews with random residents:
 1. Residents interviewed stated that believed they could make both a verbal and a written report to a staff member if they wanted to.

115.251(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.
2. Posted Reporting Options Posters:
 1. Provides hotline numbers for staff to use in reporting.

	<p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> Interviews with random staff: <ol style="list-style-type: none"> Staff interviewed provided a variety of examples that were available to them to privately report sexual abuse and sexual harassment of residents. Most staff reported that they would go to their supervisor or the Facility Director to make a report. <p>What was observed as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> Site review observations: <ol style="list-style-type: none"> Reporting posters were observed throughout the facility to include staff lounges. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.252</p> <p>Evidence Relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> Quitman County Community Work Center (QCCWC) PAQ Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.252(a/b/c)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> The facility PAQ: <ol style="list-style-type: none"> Reported that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Reported that agency policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Reported that agency policy does not require a resident to use an

informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

4. Reported that agency policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the submit of the complaint.
 5. Reported that a resident grievance alleging sexual abuse is not referred to the staff member who is the subject of the complaint
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 20-21):
1. The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
 2. The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
 3. The agency shall not require a resident 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 a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.
 5. The agency shall ensure that
 1. A resident 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.

115.252(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
 2. Reported that in the past 12 months there were zero grievances filed that alleged sexual abuse.
 3. Reported that in the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero.
 4. Reported that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 20-21):
 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 residents 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 resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. Reported that there were no grievances regarding PREA allegations filed during the review period.

115.252(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that agency policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist resident in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.
 2. Reported that policy and requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.
 3. Reported that there were zero grievances alleging sexual abuse filed by residents in the past 12-months.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 20-21):
 1. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
 2. If a third party files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

115.252(f):

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
 2. Reported that the agency has a policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.
 3. Reported that there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months.
 4. Reported that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 20-21):
 1. The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
 2. After receiving an emergency grievance alleging a resident 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 resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. Confirmed that there have been no emergency grievances filed in the past 12 months.

115.252(g)

What was read as part of a systematic review of evidence:

	<ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. 2. Reported that in the past 12-months there have been zero resident grievances alleging sexual abuse that resulted in disciplinary action. 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 20-21): <ol style="list-style-type: none"> 1. The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.253</p> <p>Evidence Relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Resident reporting posters • Mississippi Department of Corrections Inmate Handbook • MOU with Mississippi Coalition Against Sexual Abuse • Interviews with random residents • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.253(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility provides residents access to outside victim advocates for emotional support services related to sexual abuse. 2. Reported that the facility provides residents with access to such

services by giving residents mail addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations.

3. Reported that the facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 21):
 1. The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.
3. Mississippi Department of Corrections Inmate Handbook:
 1. Provides residents with instructions for contacting the Mississippi Coalition Against Rape.
 2. Provides information to residents regarding the level of confidentiality to expect with calling the number.
4. QCCWC resident reporting posters:
 1. Provide residents with options to obtain emotional support.

What was heard as a part of a systematic review of evidence:

1. Interviews with random residents:
 1. Most residents interviewed stated that they were aware that outside support services were available, but they did not know any specifics of what was available.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Signage was observed throughout the facility with hotline numbers for advocacy services.
 2. Hotline numbers were tested from the facility.

115.253(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates,

	<p>including any limits to confidentiality under relevant federal, state or local law.</p> <p>2. Reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law.</p> <p>2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 21):</p> <p>1. The facility shall inform residents, 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.</p> <p>What was heard as a part of a systematic review of evidence:</p> <p>1. Interviews with random residents:</p> <p>1. Residents interviewed stated that they believed calls to the hotline were private.</p> <p>115.253(c)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <p>1. Reported that the facility has entered into memorandums of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse.</p> <p>2. Reported that the facility documents these attempts.</p> <p>2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 21):</p> <p>1. The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse.</p> <p>2. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.</p> <p>3. MOU between MDOC and MSCAS was reviewed.</p> <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.254	Third party reporting
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.254

Evidence relied upon in making the compliance determinations:

- Quitman County Community Work Center (QCCWC) PAQ
- Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015)
- MDOC website
- Site review observations

Reasoning and analysis (by provision):

115.254(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment through the agency hotline or website.
 2. Reported that agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents through the agency website at <https://www.mdoc.ms.gov/contact>
2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 22):
 1. Outlines that 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 a resident.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Signage was observed to be posted in public areas around the facility in the visiting area and front lobby.
 2. The MDOC website was visited and found to contain all required information for making third party reports.

Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.261</p> <p>Evidence Relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Mississippi mandatory reporting statutes • Interviews with random staff • Interview with PREA Coordinator • Interview with Facility Director • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.261(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency. 2. Reported that the agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. 3. Reported that the agency requires all staff to report immediately and according to policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 4. Reported that apart from reporting to designated supervisors or officials and designated state or local services agency, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. 2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (pp. 22-23): <ol style="list-style-type: none"> 1. Outlines that the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the

agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

2. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. All staff interviewed all stated that they were aware of agency policy that required them to immediately report any knowledge or suspicion of sexual abuse, sexual harassment or retaliation of residents, including any employee neglect or violation of responsibilities that may have contributed to an incident.
 2. Staff interviewed understood policy that required information related to sexual abuse and sexual harassment remain confidential except to the designated supervisors that they report the incident to.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Files related to residents are kept in locked cabinets within locked offices.
 2. Computer stations have automatic screen locks and are controlled by individual passwords.
 3. Staff only have access to files relevant to their position assignment.

115.261(c)

What was read as part of a systematic review of evidence:

1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 22-23):
 1. 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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
 2. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

	<p>115.261(d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 22-23): <ol style="list-style-type: none"> If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> Interview with the Facility Director: <ol style="list-style-type: none"> Stated that the facility does not hold anyone under the age of 18 years old. <p>115.261(e)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 22-23): <ol style="list-style-type: none"> Outlines that facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. There were no sexual abuse or sexual harassment reports to review. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> Interview with the Facility Director: <ol style="list-style-type: none"> The facility director stated that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.262

Evidence relied upon in making the compliance determinations:

- Quitman County Community Work Center (QCCWC) PAQ
- Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015)
- Interview with Agency Head designee
- Interview with Facility Director
- Interviews with random staff

Reasoning and analysis (by provision):

115.262(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that what the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.
 2. Reported that in the past 12-months there were zero instances where a resident was subject to a substantial risk of sexual abuse.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 23):
 1. Outlines that when a facility learns a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

What was heard as part of a systematic review of evidence:

1. Interview with Agency Head designee:
 1. Reported MDOC takes immediate action to protect the victim from harm when they learn of a risk.
2. Interview with Facility Director:
 1. Reported that the resident would immediately be separated from other residents and most likely be moved to another facility for their protection.
3. Interviews with random staff:
 1. Staff interviewed all stated that if they became aware that a resident was in imminent danger of sexual abuse that they would immediately separate the resident and report to their supervisor or the facility director to determine next steps.

Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Interview with Agency Head designee • Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.263(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 2. Reported that in the past 12 months there were zero allegations the facility received that a resident was abused while confined in another facility. 3. Reported that agency policy requires the facility head to provide such notification as soon as possible but no later than 72 hours after receiving the allegation. 4. Reported that the agency or facility documents that it has provided such notification with 72 hours of receiving the allegation. 5. Reported that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 6. Reported that in the past 12 months there have been zero allegations of sexual abuse the facility received from other facilities. 2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 24): <ol style="list-style-type: none"> 1. Upon receiving an allegation that a resident 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. 2. Such notification shall be provided as soon as possible, but no later

	<p>than 72 hours after receiving the allegation.</p> <ol style="list-style-type: none"> 3. The agency shall document that it has provided such notification. 4. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. <p>3. There were no instances of notifications received from or made to another institution to review.</p> <p>What was heard as a part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head designee: <ol style="list-style-type: none"> 1. Reported that if another facility or agency refers allegations of sexual abuse or sexual harassment that occurred within one of our facilities, the PREA allegations would be reported to the director of the facility where the allegation is alleged to have occurred. 2. Reported that regardless of how one of our facilities receives a PREA allegation that abuse occurred in one of our facilities, the allegation will be referred to designated investigators (internal or external) for investigation. 2. Interview with Facility Director: <ol style="list-style-type: none"> 1. The Facility Director confirmed that if information was received that a resident from Quitman had been sexually abused at another facility, they would work with the other facility to make sure the incident was reported and investigated. 2. The Facility Director stated that if an allegation was received from another facility that a resident had been abused while at Quitman, they would ensure that an investigation was conducted according to PREA protocols. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.264</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape

Elimination Act of 2003 (effective 02-01-2015)

- **Interviews with random staff**

Reasoning and analysis (by provision):

115.264(a/b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a first responder policy for allegations of sexual abuse.
 2. Reported that the policy requires that upon learning that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser.
 3. Reported that policy requires that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
 4. Reported that policy requires that upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, smoking, drinking or eating.
 5. Reported that the policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
 6. Reported in the past 12 months, there were zero allegations that a resident was sexually abused.
 7. Reported that in the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero.
 8. Reported that agency policy requires that if a staff first responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.
 9. Reported that agency policy requires that if the first staff responder

is not a security staff member, that responder shall be required to notify security staff.

10. Reported that there were zero allegations of sexual abuse made during the past 12 months where a non-security staff member was the first responder.

2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 25):

1. Requires that upon learning of an allegation that a resident 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.
 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.
 5. 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.

3. There were no reports of sexual abuse or sexual harassment to review during this reporting period.

What was heard as part of a systematic review of evidence:

1. Interviews with staff who act as first responders:
 1. Staff interviewed understood their responsibilities as it relates to reporting to the scene of an alleged sexual abuse and were able to articulate the steps they would take.
 2. All staff interviewed stated that they received the same training as it relates to responding to sexual abuse allegations in the facility, regardless of if they are considered security staff or non-security staff. Non-security staff understood their responsibilities to immediately notify someone from security.

Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.265</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.265(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility has 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. 2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 25): <ol style="list-style-type: none"> 1. 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. 3. MDOC Sexual Assault Response and Containment Checklist was reviewed: <ol style="list-style-type: none"> 1. Directs staff regarding actions to be taken in response to an incident of sexual abuse. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director: <ol style="list-style-type: none"> 1. The Facility Director confirmed that a coordinated plan had been developed and gave examples of actions that would be taken in response to an incident of sexual abuse. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.266</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Interview with Agency Head designee <p>Reasoning and analysis (by provision):</p> <p>115.266(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. 2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 25): <ol style="list-style-type: none"> 1. Outlines that 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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. <p>What was heard as a part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head designee: <ol style="list-style-type: none"> 1. Reported that there is no collective bargaining agreement in place. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>

115.267	Agency protection against retaliation
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.267

Evidence relied upon in making the compliance determinations:

- **Quitman County Community Work Center (QCCWC) PAQ**
- **Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015)**
- **Interview with Agency Head designee**
- **Interview with staff responsible for retaliation monitoring.**

Reasoning and analysis (by provision):

115.267(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a policy to protect all resident and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.
 2. Reported that the agency designates facility Majors and Case Manager with monitoring for possible retaliation.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 26):
 1. The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

115.267(b/c/d/e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency monitors the conduct or treatment of resident or staff who reported sexual abuse and of residents who reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.
 2. Reported that the agency acts promptly to remedy any such retaliation.
 3. Reported that the agency continues such monitoring beyond the 90

- days if the initial monitoring indicates a continuing need.
 4. Reported that there have been zero incidents of retaliation in the past 12 months.
 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 26):
 1. The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
 2. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident 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.
 3. In the case of residents, such monitoring shall also include periodic status checks.
 4. 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.
 5. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.
 3. There were no instances of retaliation monitoring to review.

What was heard as part of a systematic review of evidence:

1. Interview with Agency Head designee:
 1. Reported that residents would be monitored for at least 90 days and moved to another facility if necessary.
2. Interviews with staff responsible for retaliation monitoring:
 1. Reported that protective measures may include housing changes or even a change in facility for either the victim or abuser.
 2. Reported that they would meet monthly, or more often, if necessary, with individuals following an incident and document those encounters on the retaliation log.
 3. Reported that the monitoring would continue beyond the 90 days if necessary.
3. There were no residents at the facility during the onsite who had reported a sexual abuse.

Based on this analysis the facility is substantially compliant with this

	standard and corrective action is not required.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.271</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Investigator training curriculum • Investigator training completion certificate • Interview with PREA Coordinator • Interview with Facility Director • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.271(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has a policy related to criminal and administrative agency investigations. 2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (pp. 27-28): <ol style="list-style-type: none"> 1. 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. 2. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. 3. Completion certificates and training curriculum for investigative training completed by investigative staff assigned to the facility were reviewed and found to contain all appropriate topics. 4. There were no investigations conducted during this reporting period and therefore no files to review. <p>What was heard as part of a systematic review of evidence:</p>

115.271(c/d)**What was read as part of a systematic review of evidence:**

1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 27-28):
 1. 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.
 2. 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.
2. There were no investigations during this reporting period and therefore no files to review.

115.271(e)**What was read as part of a systematic review of evidence:**

1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 27-28):
 1. 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 resident or staff. No agency shall require a resident 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.
2. There were no investigations during this reporting period and therefore no files to review.

What was heard as part of a systematic review of evidence:

1. There were no residents housed at the facility during the onsite who had reported a sexual abuse.

115.271(f)**What was read as part of a systematic review of evidence:**

1. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 27-28):
 1. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

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.

2. 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.
 3. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
 4. 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.
 5. 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.
2. There were no investigations during this reporting period and therefore no files to review.

115.271(g/h)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that substantiated allegations of conduct that appear to be criminal are referred for prosecution.
 2. Reported that the number of substantiated allegations that appear to be criminal that were referred for prosecution since the last PREA audit was zero.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 27-28):
 1. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

115.271(i/j/l)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (pp. 27-28):
 1. The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is

	<p>incarcerated or employed by the agency, plus five years.</p> <p>2. 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.</p> <p>What was heard as part of a systematic review of evidence:</p> <p>1. Interview with Facility Director:</p> <p>1. Stated that all investigations are uploaded into OffenderTrac and CID gives updates and notifies us when the investigation has concluded.</p> <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>15.272</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) <p>Reasoning and analysis (by provision):</p> <p>115.272(a)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <p>1. Reported that the agency imposes a standard of preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.</p> <p>2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 28):</p> <p>1. Outlines that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.</p> <p>3. There were no allegations of sexual abuse during this reporting period and</p>

	<p>no investigative files to review.</p> <p>Base on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.273(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency is informed, verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 2. Reported that there were zero criminal and/or administrative investigations of alleged resident sexual abuse that was completed in the past 12 months. 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 29): <ol style="list-style-type: none"> 1. Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 2. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

3. There were no allegations of sexual abuse or sexual harassment during this review period and therefore no investigations to review.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. Reported that facility residents are notified of the outcome of all allegations of sexual abuse and whether they were unfounded, unsubstantiated or substantiated.

115.273(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:
 1. The staff member is no longer posted within the resident'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.
 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
 2. Reported that there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in the past 12 months.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 29):
 1. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:
 1. The staff member is no longer posted within the resident'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.
 3. There were no substantiated or unsubstantiated allegations of sexual abuse involving a staff member to review.

115.273(d/e)

	<p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: <ol style="list-style-type: none"> 1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. 2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 2. Reported that the agency has a policy that all notifications to residents under this standard are documented. 3. Reported that in the past 12 months there has been zero notifications to residents pursuant to this standard. 4. Reported that the agency has a policy that all notifications to residents described under this standard are documented. 5. Reported that there were zero notifications to residents made during the past 12 months. 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 29): <ol style="list-style-type: none"> 1. Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: <ol style="list-style-type: none"> 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. 2. All such notifications or attempted notifications shall be documented. 3. There were no substantiated or unsubstantiated allegations of sexual abuse involving an another resident to review. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.276</p> <p>Evidence relied upon in making the compliance determinations:</p>

- **Quitman County Community Work Center (QCCWC) PAQ**
- **Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015)**
- **Interview with Facility Director**

Reasoning and analysis (by provision):

115.276(a/b/c/d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
 2. Reported that in the past 12 months the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero.
 3. Reported that in the past 12 months, the number of staff from the facility who have been terminated for violating agency sexual abuse or sexual harassment policies is zero.
 4. Reported that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff members' disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
 5. Reported that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies is zero.
 6. Reported that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies and to any relevant licensing bodies.
 7. Reported that in the past 12 months the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies is zero.
2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 30):
 1. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
 2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
 3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in

	<p>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.</p> <p>4. 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.</p> <p>What was heard as part of a systematic review of evidence:</p> <p>1. Interview with Facility Director:</p> <p>1. Stated that there have been no instances during this reporting period where staff have been disciplined pursuant to sexual abuse or sexual harassment allegations.</p> <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.277</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Interview with the Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.277(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <p>1. Reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.</p>

	<ol style="list-style-type: none"> 2. Reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 3. Reported that in the past 12 months zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. 4. Reported that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. <p>2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 30):</p> <ol style="list-style-type: none"> 1. Outlines that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 2. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview responses from the Facility Director: <ol style="list-style-type: none"> 1. Reported that QCCWC had no contractors or volunteers involved in PREA related allegations during this review period. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.278</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Interview with the Facility Director

Reasoning and analysis (by provision):

115.278(a/b/c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.
 2. Reported that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.
 3. Reported that in the past 12 months zero administrative findings of resident-on-resident sexual abuse have occurred at the facility.
 4. Reported that in the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility is zero.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 31):
 1. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.
 2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.
 3. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. The facility Director confirmed various levels and types of discipline that may be used with residents.
 2. Reported that there have not been any residents disciplined for PREA related incidents during this reporting period.

115.278(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility does offer therapy, counseling or other

interventions designed to address and correct the underlying reasons or motivations for abuse.

2. Reported that the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 31):

1. 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 resident to participate in such interventions as a condition of access to programming or other benefits.
2. The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.278(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 31):
 1. An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity.

115.278(f)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegations.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 31):
 1. 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.

	<p>115.278(g)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency prohibits all sexual activity between residents. 2. Reported that sexual activity between residents is deemed to constitute sexual abuse only if it determines that the activity is coerced. 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 31): <ol style="list-style-type: none"> 1. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.282</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Interviews with staff who may be first responders • Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.282(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. 2. Reported that the nature and scope of such services are determined by medical and mental health practitioners according to their

professional judgement.

3. Reported that medical and mental staff do not maintain secondary materials because the facility does not employ medical or mental health staff.
4. Reported that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
5. Reported that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 33):

1. Resident 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.
2. 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 § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.
3. Resident 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.
4. 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.

What was heard as part of a systematic review of evidence:

1. Interviews with staff who may be first responders:
 1. Interviews indicated that staff understood their responsibilities protect the victim when responding to an incident and that access to medical treatment would be provided.
2. Interview with the Facility Director:
 1. Stated that QCCWC had no allegations in which emergency medical or mental health referrals were necessary during the review period.
3. There were no residents in custody at the time of the onsite who made a sexual abuse allegation.

Based on this analysis the facility is substantially compliant with this

	standard and corrective action is not required.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.283</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • Review of random resident intake referral paperwork • Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.283(a/b/c)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 34): <ol style="list-style-type: none"> 1. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. <p>115.283(d/e)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that QCCWC is an all male facility. <p>115.283(f/g)</p> <p>What was read as part of a systematic review of evidence:</p>

	<ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 34): <ol style="list-style-type: none"> 1. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. 2. 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. <p>115.283(h)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. 2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 34): <ol style="list-style-type: none"> 1. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with the Facility Director: <ol style="list-style-type: none"> 1. Reported that the QCCWC had no residents placed on a treatment plan related to sexual abuse during the review period. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.286</p> <p>Evidence relied upon in making the compliance determinations:</p>

- Quitman County Community Work Center (QCCWC) PAQ
- Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015)
- Interview with Facility Director
- Interview with PREA Coordinator

Reasoning and analysis (by provision):

115.286(a/b/c/d/e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.
 2. Reported that in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility excluding only unfounded" incidents were zero.
 3. Reported that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
 4. Reported that in the past 12 months there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.
 5. Reported that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
 6. Reported that the facility prepares a report of its findings from sexual abuse incident review, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.
 7. Reported that the facility implements the recommendations for improvement or documents ins reasons for not doing so.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 35):
 1. 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.
 2. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
 3. The review team shall include upper-level management officials, with

	<p>input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>4. The review team shall:</p> <ol style="list-style-type: none"> 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4. Assess the adequacy of staffing levels in that area during different shifts; 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager. <p>5. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with the Facility Director: <ol style="list-style-type: none"> 1. Other staff would be brought in for an incident review if necessary, depending on the nature of the incident. 2. Reported that various factors are looked at including staffing and technology. 2. Interview with PREA Coordinator: <ol style="list-style-type: none"> 1. Reported that the review teams considers a variety of factors when reviewing incidents, including the physical area, adequacy of staffing levels and monitoring technology. A report is completed after each review. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.287

Evidence relied upon in making the compliance determinations:

- **Quitman County Community Work Center (QCCWC) PAQ**
- **Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015)**
- **MDOC Annual Data Report**

Reasoning and analysis (by provision):

115.287(a/b/c/d/e/f)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
 2. Reported that the agency aggregates the incident-based sexual abuse data at least annually.
 3. Reported that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.
 4. Reported that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.
2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 36):
 1. 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.
 2. The agency shall aggregate the incident-based sexual abuse data at least annually.
 3. 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.
 4. 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.
 5. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.
 6. Upon request, the agency shall provide all such data from the

	<p>previous calendar year to the Department of Justice no later than June 30.</p> <p><u>Corrective Action Required:</u></p> <p>1. The most recent data published is from 2020. Per the PREA Coordinator, efforts are in place to aggregate the data into reports.</p> <p><u>Corrective Action Taken:</u></p> <p>1. Updated annual data has been aggregated and put into reports. The facility is now compliant with this standard.</p> <p>Based on this analysis the facility complies with the provisions of this standard. Corrective action is not needed.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.288</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • MDOC Annual Data Reports • Interview with Agency PREA Coordinator <p>Reasoning and analysis (by provision):</p> <p>115.288(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <p>1. Reported that the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions</p>

for each facility, as well as the agency as a whole.

2. Reported that the annual report includes a comparison of the current year's data and corrective actions with those from prior years.
 3. Reported that the report provides an assessment of the agency's progress in addressing sexual abuse.
 4. Reported that the agency makes its annual report readily available to the public at least annually through its website.
 1. <https://www.mdcr.gov/divisions/Pages/PREA.aspx>
 5. Reported that the annual reports are approved by the agency head.
 6. Reported that when the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would represent a clear and specific threat to the safety and security of the facility.
 7. Reported that the agency indicates the nature of material redacted.
2. Mississippi Department of Corrections SOP 20-14-01 – Prison Rape Elimination Act of 2003 (p. 37):
1. The agency shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:
 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.
 4. 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.
 5. 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.
 6. 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.

Corrective Action Required:

1. Current reports are not available.

Corrective Action Taken:

1. Current data has been collected, aggregated and turned into a report.

What was heard as part of a systematic review of evidence:

	<p>1. Interview with PREA Coordinator:</p> <p>1. Reported that the agency is actively working on updating the PREA website with current information. Reported that no PII is included in the reports.</p> <p>Based on this analysis the facility is compliant with the provisions of this standard and corrective action is not required.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.289</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Quitman County Community Work Center (QCCWC) PAQ • Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (effective 02-01-2015) • MDOC Annual Data Reports • Interview with PREA Coordinator <p>Reasoning and analysis (by provision)</p> <p>115.289(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <ol style="list-style-type: none"> 1. Reported that the agency ensures that incident-based and aggregate are securely retained. 2. Reported that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. 3. Reported that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 4. Reported that the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. <p>2. Mississippi Department of Corrections SOP 20-14-01 - Prison Rape Elimination Act of 2003 (p. 37):</p> <ol style="list-style-type: none"> 1. The agency shall ensure that data collected pursuant to §115.287

	<p>are securely retained.</p> <ol style="list-style-type: none"> 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. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. <p>3. Interview with from PREA Coordinator:</p> <ol style="list-style-type: none"> Reported that the agency ensures that all incident-based and aggregate data are securely retained. <p><u>Corrective Action Required:</u></p> <ol style="list-style-type: none"> Review of MDOC Annual Data Reports revealed that data is collected, reviewed and published annually. Reports outline trends and action taken to improve sexual safety within the facilities, however recent reports have not yet been published. <p>Corrective Action Taken:</p> <ol style="list-style-type: none"> A review of the MDOC website reveals that annual reports have been updated and uploaded to the agency's website. <p>Based on this analysis the facility is compliant with the provisions of this standard and corrective action is not required.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • MDOC website - www.mdoc.ms.gov/general-public/prea-audit-reports • MDOC Annual Data Reports • Audit notice postings <p>Reasoning and analysis (by provision):</p>

	<p>115.401(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. MDOC agency website review shows that the agency has met the obligation to have a third of their facilities undergo a PREA audit in the prior year. 2. Prior QCCWC PREA Audit was completed in May 2022. <p>115.401(h/i/m/n)</p> <p>What was observed as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The auditor had access to and observed all areas of the QCCWC. 2. The auditor was permitted to request and was provided with copies of all relevant documents. 3. The auditor was given a private room to conduct interviews with both residents and staff. 4. Audit notices were posted in English and Spanish six weeks prior to the onsite and residents were permitted to send confidential information or correspondence to the auditor in the same manner as with legal counsel. <p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.403</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • MDOC website - www.mdoc.ms.gov/general-public/prea-audit-reports <p>Reasoning and analysis (by provision):</p> <p>115.403(f)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Per agency policy and standard requirements, MDOC ensures me that this final report will be published on their website to be available to the public. 2. A review of the MDOC website demonstrates compliance with the posting of

	<p>final reports for other MDOC facilities.</p>
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	<p>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</p>
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Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

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

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes