

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report June 14, 2021

## Auditor Information

Name: Cheryl M. Anderson	Email: thechandegroup@gmail.com
Company Name: Correctional Management and Communications Group, LLC	
Mailing Address: Post Office Box 502	City, State, Zip: Blythewood, SC 29016
Telephone: 803-240-1209	Date of Facility Visit: June 7-9, 2021

## Agency Information

Name of Agency: Management & Training Corporation		Governing Authority or Parent Agency (If Applicable): Mississippi Department of Corrections	
Physical Address: 500 N. Marketplace Drive		City, State, Zip: Centerville, UT 84014	
Mailing Address: Post Office 10		City, State, Zip: Centerville, UT 84014	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.mtctrains.com			

## Agency Chief Executive Officer

Name: Scott Marquardt
Email: scott.marquardt@mtctrains.com
Telephone: 801-693-2600

## Agency-Wide PREA Coordinator

Name: Heather Manuz	
Email: heather.manuz@mtctrains.com	
Telephone: 801-693-2800	
PREA Coordinator Reports to: Leann Bertsch, Senior Vice President, Corrections	Number of Compliance Managers who report to the PREA Coordinator 24

## Facility Information

**Name of Facility:** East Mississippi Correctional Facility

**Physical Address:** 16041 HWY 80 W

**City, State, Zip:** Meridian, MS 39307

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

Click or tap here to enter text.

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

**The Facility Is:**

☐

Military

☒

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☐

State

☐

Federal

**Facility Type:**

☒

Prison

☐

Jail

**Facility Website with PREA Information:** www.mtctrains.com

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

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

☒ ACA

☐ NCCHC

☐ CALEA

☒ Other (please name or describe: Correctional Education Association, CEA

☐ N/A

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

Click or tap here to enter text.

### Warden/Warden/Sheriff/Director

**Name:** Hector Portillo

**Email:** hector.portillo@mtctrains.com

**Telephone:** 601-485-5255 ext. 105

### Facility PREA Compliance Manager

**Name:** Ray Rice

**Email:** ray.rice@mtctrains.com

**Telephone:** 601-485-5255 ext. 101

**Facility Health Service Administrator** ☐ N/A

**Name:** Anthony Gibson

**Email:** agibson@vitalcorehs.com

**Telephone:** 601-485-5255 ext. 141

Facility Characteristics	
Designated Facility Capacity:	1500
Current Population of Facility:	1325
Average daily population for the past 12 months:	1237
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-86
Average length of stay or time under supervision:	1170 Days
Facility security levels/inmate custody levels:	Minimum, Medium, High
Number of inmates admitted to facility during the past 12 months:	434
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	434
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	434
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input checked="" type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	250

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	44
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	11
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	11
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	15
<b>Physical Plant</b>	
<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	26
Number of single cell housing units:	5
Number of multiple occupancy cell housing units:	21
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	124
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:	
<b>Investigations</b>		
<b>Criminal Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
<b>Administrative Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

# Audit Findings

## Audit Narrative

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

The East Mississippi Correctional Facility (EMCF) is located in Meridian, Mississippi. The onsite audit phase of the Prison Rape Elimination Act (PREA) audit was conducted on June 7-9, 2021 by Cheryl Anderson, a certified U. S. Department of Justice PREA Auditor. The facility's last PREA audit was completed with a written report in May 2018. The current audit was attained and assigned to the Auditor by Correctional Management and Communications Group, LLC of Minneola, Florida.

EMCF is a minimum/medium/high custody security facility for 1500 adult, male, sentenced, inmates operated by Management & Training Corporation (MTC) for the Mississippi Department of Corrections (MDOC). The facility is located approximately seven miles west of Meridian, MS. The facility has a variety of rehabilitation programs that are offered to the inmate population. These include; Academic, Vocational, Life Skills, Career and Technical Programs, and Religious Programs. Inmates incarcerated at the East Mississippi Correctional Facility are afforded the opportunity to participate in work programs in most of the operational areas of the facility. East Mississippi Correctional Facility is accredited by the American Correctional Association (ACA) and the Correctional Education Association (CEA).

There are no known existing conflicts of interest with the Auditor and the facility and there were no barriers in completing any phase of the audit.

## Audit Methodology

### Pre-Onsite Audit Phase

In preparation for the on-site audit, a conference call was conducted with the Management & Training Corporation (MTC) Agency-Wide PREA Coordinator and Assistant PREA Coordinator. During the conference call, an overview of the audit process was discussed and requested documentation was reviewed. There were also discussions concerning access to the facility and staff, the audit process, logistics for the tentative onsite phase of the audit, and goals and expectations prior to the site visit. The notifications of the on-site audit which provided Auditor contact information were posted six weeks prior to the audit. The postings of the notices were verified by photographs received electronically from the facility's Deputy Warden of Programs. The photographs indicated notices were posted in various locations throughout the facility including the housing areas, educational areas, dining areas, and administrative areas. The audit notice was posted using color and large print that was easy to see and read. The notices were strategically placed throughout the facility, accessible to inmates, staff, visitors, and volunteers. The posted audit notices contained the Auditor's contact information and included information regarding confidentiality. No correspondence was received during any phase of the audit. Further verification of their placement was made through observations during the on-site tour.

The original notice was provided to the facility by the MTC PREA Coordinator and had previously been provided by the Auditor to the MTC PREA Coordinator. The notice was posted in English and Spanish at eye levels easy for a person to see either standing or sitting. All inmates in the facility during the time of the virtual interviews spoke and read English.

The Pre-Audit Questionnaire (PAQ), completed May 7, 2021, policies and supporting documentation were received within an adequate timeframe prior to the scheduled onsite visit for review. The documents were uploaded to a USB flash drive. The initial review revealed the flash drive was well-organized and easy to navigate. Any additional information needed was discussed with the Deputy Warden of Programs and was received within a timely manner.

The Deputy Warden of Programs had been previously provided a document by the Auditor titled, "Information Requested to Determine Staff and Inmates to be Interviewed during the On-Site PREA Audit." The document was forwarded to the facility's Deputy Warden of Programs who completed and returned the document to the Auditor. The document requested the identification of the staff members who served and performed in specific PREA related specialized roles within the facility, including volunteers and contractors who have contact with inmates. The document requested a list of direct care staff and their shift assignments and an inmate population roster. Additionally, the request included information regarding inmates who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, lesbian, bisexual and/or transgender inmates; and inmates housed in isolation.

The Auditor communicated with the Deputy Warden of Programs to confirm schedules and to clarify specialized PREA roles. A current inmate roster was also provided to the Auditor. As a result of the information received, the Auditor developed an interview schedule of specialized and random staff and inmates, including targeted inmate interviews. The facility provided the lists and information before and during the site visit that assisted with the following determinations and interview selections:

<b>Lists/Information</b>	<b>Comments</b>
Complete Inmate Roster	An up-to-date roster was provided prior to the site visit.
Youthful inmates/detainees	Youthful inmates are not housed in this facility.
Inmates with disabilities	None were identified.
Inmates who are Limited English Proficient	None were identified.
Inmates who identify as Gay or Bisexual	One was identified.
Inmates who identify as Transgender or Intersex	One was identified.
Inmates in restrictive housing	None were identified.
Inmates who reported sexual abuse	Three were identified.
Inmates who reported sexual victimization during risk screening.	Two were identified
Staff roster for the time of the site visit.	The roster was provided during the pre-onsite phase of the audit.
Specialized Staff	Specialized staff was identified on interview document.
Contractors who have contact with the inmates	One was identified for interview.



Volunteer who has contact with the inmates	None were available for interview
All grievances/allegations made in the 12 months preceding the audit	15
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	15
Hotline calls made during the 12 months preceding the audit	None

The Auditor reviewed the lists/documents provided and conferred with the PREA Compliance Manager in development of the interview schedule to ensure clarity regarding specialized PREA roles among staff.

Internet research of the facility revealed no indication of litigation, U. S. Department of Justice involvement, or federal consent decrees. General and specific information about the facility and the programs and services provided are detailed on the facility's website. An array of information, pictures of the facility and contact information may be accessed from the informative page. The facility's website also contains PREA information including but not limited to: the zero-tolerance and coordinated response policies; and the third-party reporting form.

### Onsite Audit Phase

The PREA Auditor arrived onsite during the early morning hours, to reduce the accrual of overtime hours, to interview direct-care staff members on the overnight shift and observe early morning operations. An entrance meeting was conducted with the PREA Auditor, Regional Office Staff, Prison Warden, Deputy Warden, Deputy Warden of Operations, Deputy Warden of Programs, PREA Compliance Manager, Administrative Assistant, Compliance Coordinator, Chief of Security, Training Director, Finance and Human Resource Manager, and Facility Investigator. Formal introductions were made and a review of the audit process, site visit activities and the itinerary were reviewed. The inmate population on the day of the onsite audit was 1,345.

The PREA standards require the auditor to view certain areas to verify compliance with the standards, such as, but not limited to:

Location	Check
Facility Physical Design	✓
Camera Locations	✓
Observe for Blind Spots	✓
Notices of the PREA Audits Posted	✓
Holding Rooms/Cells	✓
Segregated Rooms/Cells	✓
Inmates Files in Secured Area	✓
Staff Personal Files in Secured Area	✓
PREA Information Posted English & Non-English	✓
Cameras do not have a line of sight into inmate's rooms, or the toilet and showers	✓
Staff of the opposite gender announce their present when entering living areas	✓
No New or Renovated areas observed	✓



Inmates Program Areas	✓
Facility was orderly in appearance	✓
Grounds was manicured	✓
Reactions between inmates and staff	✓
Intake	✓
Administration Area	✓
Storage Rooms & Closets	✓
Mail Room	✓
Commissary	✓
Laundry	✓
Dining	✓
Kitchen	✓
Visitation	✓
Library	✓
Inside Recreation Area	✓
Outside Recreation Area	✓
Grievances	✓
Medical Unit	✓
Control Room Monitors	✓
Counselors/Case Managers Work Areas	✓
Inmate Housing Units:	✓
Sally Ports	✓

During the pre-audit phase, the Auditor was provided a diagram of the physical plant which provided familiarity with the layout of the facility. A comprehensive site tour of the facility was conducted and led by the Warden and PREA Compliance Manager. During the tour, the printed notifications of the PREA on-site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, such as living units, administrative areas and common areas for inmates and staff. The notices contained large enough print to make them accessible and easy to see and read and in English and Spanish. However, it was noticed that PREA signage was not displayed in all areas frequented by the inmates and the victim advocate information was in small print; therefore, the Auditor recommended additional PREA signage be posted and ensure signage has bold print and can be easily read by all. Corrective actions were taken to rectify this issue. The tour included all areas of the facility. The staff was observed providing direct supervision to the inmates.

Both review of policies and interviews with staff and inmates confirmed that staff of the opposite gender, are not permitted to enter or remain in the bathroom area, while being used by the inmate, except in exigent circumstances or when such viewing is incidental to routine cell checks, and no staff infringe upon the inmate's privacy. Opposite gender staff are required to announce their presence when entering the housing area. Inmates and staff interviews confirm this practice.

The PREA signage posted includes instructions on accessing the 24/7 hotline for reporting allegations and requesting advocacy services for the MS Coalition Against Sexual Assault in Jackson, MS. A memorandum of understanding (MOU) is in existence with MS Coalition Against

Sexual Assault to receive allegations of sexual abuse and sexual harassment and for the provision of advocacy services upon request. The MS Coalition Against Sexual Assault was contacted to determine the scope of services provided. A live person responded to the test call and indicated no calls had been received from EMCF inmates over the past 12 months. The conversation with the representative of the MS Coalition Against Sexual Assault confirmed the advocacy services to be provided in accordance with the MOU.

Documentation and interviews with the PREA Compliance Manager confirmed forensic medical examinations are performed at Rush Health Systems; Anderson Regional Health Systems, Meridian, MS. The hospital's Sexual Assault Policy provides that a Sexual Assault Nurse Examiner (SANE) will conduct the examinations. According to the Hospital's written policy, when a SANE is not available, the Emergency Department Physician and Emergency Department Nurse will assume care of the patient and follow the protocols outlined in the policy.

Questions were answered by staff during informal interviews regarding inmate activities and program services as the site tour progressed throughout the facility. The site tour also included the outside grounds. During the comprehensive site tour, the intake process was described, and the daily scheduled activities and staff supervision were discussed by the Warden. There were no new admissions during the site visit. Staff and inmates readily explained activities as different facility areas were visited.

Inmates were observed under either constant staff supervision or video monitoring. In addition to direct care and staff members providing direct supervision to inmates, other staff members were observed monitoring the surveillance system in the Master Control room. Telephones were observed in the living unit for reporting allegations of sexual abuse and sexual harassment, and the telephones were in working order. The reporting process was discussed during the site tour. Directions for accessing the crisis hotline are posted and include the limitations of confidentiality.

Medical Request Forms, PREA forms, and the locked boxes for each are posted in the common area, accessible to all inmates, staff and visitors. All inmates have access to writing utensils needed for completing the forms. Signage was posted which indicated where inmates were not allowed access or only allowed with staff supervision. The doors to closets and storage rooms are kept locked.

## **Interviews**

Two hundred ninety-three staff members are currently employed at the facility that may have contact with inmates. During the pre-audit phase, twelve random staff members were interviewed that covered all shifts and 15 individual specialized staff members were interviewed based on their job duties and PREA roles. The interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities based on their job duties and PREA roles. Although 15 individuals were identified for specialized interviews, the specialized interviews conducted totaled 16 due to staff members in this category serving in more than one PREA related specialized role. A total of 1,345 inmates were in the facility during the site visit. Thirty inmates were interviewed as listed on the facility population report. The interviews revealed the inmates were informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. A previous inquiry was made regarding vulnerable categories within the inmate population related to the selection of

targeted interviews. There were nine targeted inmates interviewed at this facility during this auditing cycle. The interviews revealed the agency take appropriate steps to ensure that vulnerable inmates 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.

The training records of staff interviewed, and the files of inmates interviewed were reviewed along with policies and other secondary documentation. The Auditor reviewed staff, contractor and volunteer training records to ensure that all required training had been completed. The Auditor also reviewed staff personnel files related to completed investigations and disciplinary actions taken regarding PREA related allegations. There were 15 allegations of sexual abuse and/or sexual harassment within the facility in the past 12 months. A file review revealed that all (15) are pending cases.

The interviews with inmates and staff indicated their receipt of PREA training which was also verified by a review of documentation, including training materials. Staff and inmate interviews were conducted by the Auditor and the interviews conducted onsite were done in the privacy of office space.

The Auditor conducted thirty inmate interviews in the following categories during the onsite phase of the audit:

<b>Category of Inmates</b>	<b>Number of Interviews</b>
Random Inmates	21
Targeted Inmates	9

The Auditor conducted the following number of specialized staff interviews during the onsite phase of the audit:

<b>Category of Staff</b>	<b>Number of Interviews</b>
Warden	1
Agency-wide PREA Coordinator	1
PREA Compliance Manager	1
Agency Contract Administrator	1
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
Designated Staff Member Charged with Monitoring Retaliation	1
Incident Review Team Member	1
Medical Staff	1
Mental Health	1
Intake Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Administrative (Human Resources) Staff	1
Staff First Responders	1
Investigative Staff	1
Staff who supervise inmates in segregated housing	1
Volunteers who have Contact with Inmates	Not Available

Contractors who have Contact with Inmates	1
Number of Specialized Staff Interviews	16
Number of Random Staff Interviews	12
Total Random and Specialized Interviews	28

### Onsite Documentation Review

The Auditor received several examples of documentation from inmate and staff files as part of the Pre-Onsite Audit Phase. During the Pre-Onsite Audit Phase and the Onsite Audit Phase, the Auditor reviewed a sample of personnel files of the staff selected to be interviewed, including documentation of criminal background checks occurring. The PREA Pre-Audit Questionnaire and facility policies, procedures and supporting documentation were reviewed prior to the site visit and while onsite for interviewees and persons not interviewed. The secondary documentation reviewed included but was not limited to Vulnerability Assessments; PREA Form; Medical Request Form; PREA education and training acknowledgement forms; training records; checklists; sexual abuse coordinated response plan; annual staffing plan assessment; staff schedules; unannounced rounds reports; retaliation monitoring form; organization chart; and other documentation.

After the completion of the site visit process, an exit briefing was held in the conference room. The attendees were the PREA Auditor, Regional Office Staff, Prison Warden, Deputy Warden, Deputy Warden of Operations, Deputy Warden of Programs, PREA Compliance Manager, Administrative Assistant, Compliance Coordinator, Chief of Security, Training Director, Finance and Human Resource Manager, and Facility Investigator. The exit briefing served to review the onsite process and review program strengths. The facility and EMCF staff members were given the opportunity to ask additional questions about the activities of the day and the shared information. The timelines for the submission of PREA reports were reviewed.

### Post Onsite Audit Phase

The Auditor contacted the Deputy Warden of Programs regarding clarity of information. The final report was concluded on the posted date. The Auditor determined the information and documentation received and reviewed and the results of the site visit confirmed all the standards were met. The report was submitted to the PREA Coordinator to be reviewed and subsequently forwarded to the facility.

After corrective actions were addressed, the facility was found to be in compliance with all applicable standards as indicated below and detailed throughout this report.

## Facility Characteristics

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

EMCF is a minimum/medium/high custody security facility for 1500 adult, male, sentenced, inmates operated by Management & Training Corporation (MTC) for the Mississippi Department of Corrections (MDOC). The facility is located approximately seven miles west of Meridian, MS.

The facility sits on approximately 160 acres of land. The compound is surrounded by a double 12-foot chain link fence enhanced by rolls of razor wire, microwave sensors, and closed-circuit television cameras (CCTV). In addition, a 60 foot contraband screen surrounds the facility. The facility consists of one building. The concrete and steel main building houses the administrative offices, programs, education, food service, laundry, gymnasium, chapel, medical, and visitation. Offender housing consists of six cell-type units (Unit 1-6) plus a 30 bed administrative segregation unit. The Units provide 680 two-man cells and 97 single-man cells. All cells have sinks/commodos in the cell. The showers, located in the housing units, and detention cells have attached recreation spaces. A Control Center monitors all traffic entering and exiting the facility. Cameras are placed in many areas throughout the facility. The facility has two entry points, the front staff/visitor and the rear vehicle entry gate. The correctional officers provide security supervision. The grounds are well manicured with plants and flowers.

Each living unit has phones that were observed in all of the units and each phone contained phone numbers to reporting agencies and outside confidential sources for emotional support. There are approximately 250 staff to accommodate the daily operations. Approximately 181 cameras are strategically placed throughout the facility to assist in supervision of inmates. Cameras are monitored in the master control room. Doors that were supposed to be locked were locked. The facility was clean and staff were observed on posts directly providing supervision to inmates in the dorms and on escorts. This facility is accredited through the Correctional Education Association (CEA) and also through the American Correctional Association (ACA).

Inmates can change clothes, shower and use the toilet with a reasonable amount of privacy. There is a host of management, supervisory, support staff members who provide oversight of or participation in processes and activities that contribute to the facility operations. Allegations that are criminal in nature are investigated by the Lauderdale County Sheriff's Department as confirmed through interviews.

The inmate interviews, documentation and observations confirmed the provision of the programs and services described. The inmates indicated they could communicate with their family through telephone calls and visits. Observations during the comprehensive site tour revealed adequate space for conducting the programs and services described. There is enough space to accommodate visitation and meetings in private, as needed.

## Summary of Audit Findings

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

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

## Standards Exceeded

Number of Standards Exceeded: 0  
List of Standards Exceeded: Click or tap here to enter text.

### Standards Met

Number of Standards Met: 43

### Standards Not Met

Number of Standards Not Met: 0  
List of Standards Not Met: Click or tap here to enter text.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA mandates zero-tolerance of sexual abuse and sexual harassment and outlines how the facility carries out its approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. The SOP also provides strategies and responses for reducing and preventing sexual abuse and sexual harassment.

EMCF is minimum/medium/close custody security facility governed and operated by the Management & Training Corporation for the Mississippi Department of Corrections which employs an agency-wide PREA Coordinator who is in an upper-level management position within the agency. She reports to the Senior Vice President of Corrections, and who has reported to have sufficient time to attend to PREA duties. She also has an assistant who assist her with PREA related duties. She currently has 24 PREA Compliance Managers that indirectly report to her. She is very knowledgeable regarding PREA standards and agency policies and practices.

The Deputy Warden also serves as the PREA Compliance Manager. The PREA Compliance Manager's interview revealed the PREA Compliance Manager has sufficient time to oversee the facility's PREA compliance efforts and to perform his other duties.

### **Documentation Reviewed:**

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02  
Agency Policy 12.004  
MDOC SOP 20-14-01, PREA  
Organizational Chart

### **Interviews:**

Warden



PREA Coordinator  
PREA Compliance Manager  
Random Staff  
Random Inmates

**Provision (a):**

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The agency Policy mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors.

The Policy addresses detection of sexual abuse and sexual harassment through inmate education, staff training, and intake screening for risk of sexual victimization and abusiveness. The Policy includes but is not limited to responding to sexual abuse and sexual harassment through reporting, investigations, assessments, crisis intervention, and disciplinary sanctions for inmates and staff.

**Provision (b):**

An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in its facilities.

The evidence shows the agency has designated an upper-level position of Agency PREA Coordinator as verified through the organization chart; Policy; Job Description; review of the PREA Pre-Audit Questionnaire; and the interviews with the facility PREA Compliance Manager and random staff. The Agency PREA Coordinator has demonstrated she has sufficient time and authority to accomplish her PREA related responsibilities.

**Provision (c):**

Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The organization chart shows the PREA Compliance Manager reports directly to the Warden as confirmed by staff interviews. The interview with the PREA Compliance Manager and observations revealed he has the time and authority to perform his PREA duties.

**Conclusion:**

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of an Agency PREA Coordinator.

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

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

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

Documentation reviewed indicated that the EMCF does not contract for the confinement of its inmates with private agencies or other entities including other government agencies.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☐ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA provide for the implementation of a staffing plan with adequate staffing levels to protect inmates against sexual abuse and sexual harassment.

The staffing plan is based upon the facility's capacity of 1500 inmates. The agency's Policy requires the facility to document deviations from the staffing plan on the Daily Shift Report. There were no deviations from the plan to review.

The agency policy requires an annual assessment of the staffing plan, including a review of all required components of the standard. Documentation of the annual assessment of the staffing plan was reviewed and found to be in compliance with all elements contained in (c) of this standard.

The facility utilizes direct staff supervision to protect inmates from sexual abuse and sexual harassment. The agency's Policy requires intermediate or higher-level staff to conduct unannounced rounds to deter and identify staff sexual abuse and sexual harassment. An interview with a higher-level staff member and a review of unannounced rounds documentation revealed over time unannounced rounds are conducted on all shifts in all areas of the facility.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policies

Agency Standard Operating Procedure (SOP) PREA

**Interviews:**

PREA Compliance Manager

Random Staff

Random Inmates

**Provision (a)**

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted detention and correctional practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);
- (6) The composition of the inmate population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

(11) Any other relevant factors.

SOP provides the camera system is monitored constantly, and the provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the PREA Compliance Manager, review of staffing plan and observations. The work schedules are based on the staffing plan and facility policy.

**Provision (b):**

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The SOP states in the event the staffing plan is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations to the staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan.

**Provision (c):**

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by §115.11, the agency shall assess, determine, and document whether adjustments are needed to:

1. The staffing plan established pursuant to paragraph (a) of this section;
2. The facility's deployment of video monitoring systems and other monitoring technologies; and
3. The resources the facility has available to commit to ensure adherence to the staffing plan.

**Provision (d):**

Each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Agency/Facility SOP Sign In/Out Log Shift Narrative provided for the occurrence of unannounced rounds randomly performed by administrative and supervisory staff. A review of a sample of documented unannounced rounds support unannounced rounds are conducted by intermediate level and higher-level staff and by Supervisors for each shift at the various times as determined by a review of documentation and interviews. The unannounced rounds conducted by administrative staff are documented.

The areas assessed during the unannounced rounds by the administrative staff includes all areas of the facility such as all living units; common area; staff break room; and loading dock. The Supervisors' unannounced rounds include all living units and provides for comments regarding mood, demeanor and interactions. The interview with the Warden indicated how he ensures that staff does not alert other staff when he is conducting unannounced rounds. The

Policy also indicates staff does not alert other staff regarding the occurrence of unannounced visits. Staff members are not informed of the unannounced rounds and there is not a routine schedule regarding the rounds.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with this standard regarding supervision and monitoring.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

#### Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Policy 903E.02

Standard Operating Procedure (SOP) PREA

#### Interviews:

Warden

PREA Compliance Manager

This standard is Not Applicable as this facility does not house youthful inmates.

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

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

##### 115.15 (a)

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

##### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

##### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

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

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

## **Instructions for Overall Compliance Determination Narrative**

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA require documentation of any cross-gender searches. There was no reported cross-gender searches conducted. Training documents reviewed indicated that staff have completed appropriate training. Agency policy and facility SOP require the announcement of cross-gender staff entering the housing units. Inmate and staff interviews confirmed that opposite gender staff announce themselves in the units, as well as a general announcement at the beginning of each shift.

The Agency Policy states the facility shall implement policies and procedures that enable persons in confinements to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff and inmate interviews confirm there is no cross-gender viewing. Observation of the bathrooms revealed all shower stalls have shower curtains to allow privacy while taking showers and using the toilets.

### **Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy

Standard Operating Procedure (SOP) PREA

### **Interviews:**

Warden

PREA Compliance Manager

Random Staff

Random Inmates

### **Provision (a)**

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Staff interviews and documentation indicated that the facility does not conduct cross-gender strip or visual body cavity searches of inmates.

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates were zero, and the number of cross-gender strip or cross-gender visual

body cavity searches of inmates that did not involve exigent circumstances or was performed by non-medical staff was zero.

**Provision (b) & (c)**

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

The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches.

**Provision (d)**

The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

The agency has implemented policies and procedures that enable an inmate to shower, perform bodily functions, change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstance or when viewing is incidental to routine cell checks. Observations of restrooms and showers during the tour confirmed inmates have privacy when using the restroom, showering and changing clothing. Inmates reported they are never naked in full view of staff. Policy and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

**Provision (e)**

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

Policy was reviewed prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the facility housed transgender and intersex inmates, the agency directs staff not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, the facility determines during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

**Provision (f)**

The agency shall train security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Documentation review revealed that staff receives training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive way possible, consistent with security needs. The facility provided samples of documentation to confirm staff has received and receive search training consistent with policy. The PREA Compliance Manager confirmed there had been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with this standard regarding limits to cross-gender viewing and searches.

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

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

**115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

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

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

EMCF meets the requirements of this standard based upon the following evidence:

The Agency Policy and SOP requires steps to be taken to ensure inmates with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and sexual harassment. This policy also states the facility will not rely on inmate interpreter, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreters services could jeopardize an inmates' safety.

EMCF has identified Language Line Services, Inc. for the provision of interpreter services by telephone and covers 250 different languages. There is PREA material in both English and Spanish available at the facility. Staff and inmates were clear on how to access interpreter services if needed. Random staff interviews verified the facility does not use inmate assistants and there were no instances of inmate interpreter or readers being used in the past 12 months.

The Agency has a narrative that is required to be read to all inmates at intake and it appears that this is being conducted as required by Agency directive.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy and SOP

Facility Policies and Procedures PREA

**Interviews:**

Warden

PREA Compliance Manager

Random Staff

Random Inmates

**Provision (a):**

The agency has policies and procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Also, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility will use Education Staff to assist with PREA education with inmates who have disabilities.

The facility Policy addresses the provision of support services for disabled inmates by providing these inmates the equal opportunity to participate in or benefit from all aspects of the facility's



efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, performance of first responder duties, or the investigation of the allegations.

**Provision (b):**

The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Outside interpreting services are available to the inmate population as dictated by policy.

The SOP lists a Language Line Service that is available 24/7 to all inmates and provides assistance in over 250 languages. Additionally, the Inmate Handbook is in English and Spanish. The evidence shows inmates with disabilities and who may be limited English proficient are provided 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. All staff interviewed confirmed inmates are not used as interpreters and understand prior arrangements have been made regarding language interpreters. The PREA audit notice was printed in English and Spanish. The evidence shows the facility ensures access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary.

**Provision (c):**

The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations. Interviewed staff indicated that they will document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

According to Policy, the facility prohibits the use of inmate interpreters, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreter services could jeopardize an inmate's safety, performance of the first responder duties, or the investigation of the allegation. Staff interviews confirmed inmates have not been used to relate PREA information to or from other inmates in the past 12 months. There were no inmates in need of an interpreter during the site visit.

**Conclusion:**

Based upon the review and analysis of the evidence, the Auditor has determined the facility is compliant with this standard regarding inmates with disabilities and inmates who are limited English Proficient. Inmates with disabilities and who are limited English Proficient are provided

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.

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

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

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

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### **115.17 (b)**

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### **115.17 (c)**

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

- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

#### **Documentation Reviewed:**

PREA Pre-Audit Questionnaire  
Agency Policy and SOP  
Facility Policies and Procedures PREA  
Personnel Files

#### **Interviews:**

Warden  
PREA Compliance Manager  
Administrative (Human Resources) Staff

#### **Provisions (a) & (f):**

**(a)** The Agency requires the facility not to hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates as listed in this standard to include the following provisions as stated in the PREA standards:

1.) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care.

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 subsection 2.

**(f)** The agency shall also ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Facility Policy addresses hiring and promotion processes and decisions and background checks. The Policy is aligned with the requirements of the provisions of the standard and provides background checks occur prior to employment and every five years thereafter. Initial background checks and five-year checks were reviewed while on site. Additional personnel information reviewed during the pre-audit and the onsite audit phases included: Pre-Hire Interview Questions; New Hire Application Packet. The interview with the HR staff and a review of Policy provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard. According to the interview, staff has a continuing duty to report related misconduct and omission of sexual misconduct or providing false information will be grounds for termination. The forms completed and included in the personnel files are in response to the above provisions of this standard.

According to facility Policy, all applicants are asked about any prior misconduct involving any sexual activity. In addition, the facility shall not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, the facility does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse.

**Provision (b):**

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

The facility Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview with the HR staff was in alignment with the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Based on the review of the personnel files, records provided during the pre-audit phase, and the interview with the Warden, the facility follows this provision of the standard.

**Provisions (c) & (d):**

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

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The policy requires background checks to occur prior to inmates receiving services from contractors and volunteers and confirmed by the HR staff's interview. Additionally, best efforts should be made 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. Based on the review of documentation and interview with the HR staff, the facility follows this provision of the standard.

**Provision (e):**

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

The Policy is aligned with the requirements of the provisions of the standard and provides background checks occur prior to employment and every five years thereafter. Initial background checks and five-year checks were reviewed while onsite and during the pre-audit phase. This was also confirmed during the HR staff's interview. Based on the review of documentation and the interview, the evidence shows the facility practices are aligned with the provisions of this standard.

**Provision (g):**

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

Facility Policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Based on the review of the documentation and the interview with the HR staff, the evidence shows the facility follows this provision of the standard.

**Provision (h):**

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

The interview with the HR staff confirmed the facility would provide this information if requested to do so. Facility Policy states the information would be provided when requested unless it is prohibited by law to provide the information.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of the standard regarding hiring and promotion decisions.

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

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

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

An interview with the Warden revealed that EMCF has not acquired any new facilities or updated surveillance technology since August 20, 2012.

#### Documentation Reviewed:

PREA Pre-Audit Questionnaire

#### Interviews:

Warden

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)



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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes   ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes   ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes   ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes   ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes   ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes   ☐ No   ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers?  
☒ Yes   ☐ No

#### 115.21 (e)

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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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.) ☐ Yes ☐ No ☒ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy and SOP

Facility Policies and Procedure PREA

**Interviews:**

Warden

PREA Compliance Manager

Random Staff

**Provision (a)**

Policy requires the agency/facility to initiate and/or conduct administrative and criminal sexual abuse investigations to include inmate-on-inmate sexual abuse or staff sexual misconduct. The facility has designated a facility Investigator. The local Sheriff's Department can investigate administrative and criminal sexual abuse based on the nature of the case. Interview with the Facility investigator indicated that policy requires and give them guidelines to follow a uniform evidence protocol.

The EMCF is responsible for investigating allegations of sexual abuse. Administrative and/or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The protocol is appropriate and is 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. The facility does not house Youth/Adolescents.

If there was a sexual abuse allegation, interviewed staff indicated that the facility will offer all victims of sexual abuse access to forensic medical examinations at an outside hospital, without financial cost. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs). If SAFEs cannot be made available, the examination is performed by other qualified medical practitioners at the hospital. The facility documents its efforts to provide SAFEs or Sexual Assault Nurse Examiners (SANEs) through the MOU with the local Rape Crisis Center.

The EMCF provided documentation that staff at Rush Health Systems; Anderson Regional Health Systems, Meridian, MS has been properly trained in the proper collection of and documentation of evidence in the event of a PREA claim of an inmate at EMCF. The Centurion medical staff works in conjunction with the medical staff of Rush Health Systems; Anderson Regional Health Systems, Meridian, MS to ensure that the inmate receives the professional, high quality, confidential care that they deserve, at no expense to the inmate.

Rush Health Systems; Anderson Regional Health Systems is utilized for emergency care or treatment to include "Sexual Assault Forensic Examinations". Emergency Room Nurses at Rush Health Systems; Anderson Regional Health Systems are qualified SAFE and/or SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations. An appropriately trained health care provider at a community hospital will complete the forensic examination (sexual assault kit) of the victim free of charge. This examination can be conducted by the facility medical staff that has been properly trained. The results of the physical examination and all collected physical evidence are provided to authorize staff only.

### **Provision (b)**

The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

The facility makes 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 facility makes available (to provide services) a qualified staff member from a community-based organization, or a qualified facility staff member. The facility provided documents that showed efforts to secure services from rape crisis centers.

The victim advocate, is a qualified facility staff member, or qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The facility utilizes the Mississippi Coalition Against Sexual Assault for staff training and direct contact support for inmate victims of sexual violence. The facility has two staff members trained as Victim Advocates. The MTC policy defines a qualified facility staff member or a qualified community-based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

### **Provision (c)**

The facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, the local hospital without financial cost. The local hospital provides a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If one is not available, the examination is performed by a qualified medical staff. The facility provides emails for efforts to provide SANE or SAFE staff.

Interview with the Warden and Facility Investigator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes standard provision (g) 1

and 2. Policy requires the Warden to request that outside investigative authorities conduct the investigation in accordance with PREA investigation standards.

**Provision (d and e)**

The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization or a qualified facility staff member.

The victim advocate is a qualified facility staff member, or qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

The facility has a MOU with MS Coalition Against Sexual Assault, posted information includes instructions on accessing the 24/7 hotline for reporting allegations and requesting advocacy services for the MS Coalition Against Sexual Assault. (rape crisis center). A Memorandum of Understanding (MOU) exists with MS Coalition Against Sexual Assault to receive allegations of sexual abuse and sexual harassment and for the provision of advocacy services upon request. The victim's advocacy service, MS Coalition Against Sexual Assault, was contacted during the PREA audit by the Auditor to determine the scope of services provided. A live person responded to the call and indicated no calls had been received from EMCF inmates over the past 12 months. The conversation with the representative of MS Coalition Against Sexual Assault confirmed the advocacy services to be provided in accordance with the MOU.

**Provision (f and g)**

When a PREA allegation is investigated by an outside agency, the facility request that the investigator follow the PREA requirements. The preponderance of Evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not. Policy also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated, or unfounded.

The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining unable physical evidence for administrative proceedings and criminal prosecutions.

**Provision (h)**

The facility defines a qualified facility staff member or a qualified community-based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination.

The facility has two staff members trained as Victim Advocates. The MTC policy defines a qualified facility staff member or a qualified community-based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with the provisions of this standard.

**Standard 115.22: Policies to ensure referrals of allegations for investigations****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.22 (a)**

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

**115.22 (b)**

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

**115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

**115.22 (d)**

- Auditor is not required to audit this provision.

**115.22 (e)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the facility's investigator for the determination of criminal charges, if the allegations are criminal in nature. Facility/Agency investigators provide services on a 24-hour basis that will include the responsibility of investigating allegations of sexual abuse by qualified staff who have received training concerning sexual abuse and forensic examination issues.

#### **Documentation Reviewed:**

PREA Pre-Audit Questionnaire  
Agency Policy and SOP  
Facility Policies and Procedure PREA

#### **Interviews:**

Warden  
PREA Compliance Manager  
Facility Investigator  
Random Staff

#### **Provision (a):**

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

According to interviews with the Warden, Facility PREA Compliance Manager, and the Facility Investigator, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on inmate-on-inmate or staff-on-inmate misconduct.

The initial investigation begins immediately by the facility. The facility uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence.

An additional interview with Facility Investigator confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated they had been trained to report everything incident for investigations, including verbal reporting, knowledge, allegations, and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

**Provisions (b and c):**

(b)The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. Provision (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The facility's website provides the information and related policies for reporting allegations of sexual abuse. A third-party reporting form is also on the website. Reporting information is also posted in various areas of the facility including but not limited to living units. The posted information is accessible to inmates, staff, contractors and visitors. The Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated.

**Provisions (d and e):**

If a separate entity is responsible for conducting criminal investigations; the publication describes the responsibilities of both the agency and the investigating entity. The EMCF publishes the policy on its website.

An additional interview with staff confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated they have been trained to report all incidents for investigations, including verbal reporting, knowledge, allegations, and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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



**115.31 (a)**

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

**115.31 (b)**

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

**115.31 (c)**

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA SOP requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all ten (10) topics consistent with this standard's requirements and is tailored to all facilities with the gender of their inmate populations. The staff training documentation including a PowerPoint presentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All new employees receive the EMCF Employee brochure on prevention strategies to maintain a professional atmosphere and sign the PREA Acknowledgement Form indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. A review of all staff and training education forms as well as staff interviews confirmed that staff are receiving their required PREA training. Employee training records are maintained electronically and certain training documents (EMCF PREA Acknowledgement

Form) are maintained in their personnel file. Additionally, the new employees are provided a Handbook and a palm card identifying specific PREA information i.e. first responder protocol.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

**Interviews:**

Warden

PREA Compliance Manager

Random Staff

Random Inmates

**Provisions (a) and (c):**

The agency shall train all employees who may have contact with inmates on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between inmates;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

**(c)** All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The facility Policy addresses PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of Policy and training documents. The documents and staff interviews support that refresher training is also conducted and is documented.

The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document review verified the 10 general topics were included in the training.

The Policy, training materials, staff interviews, review of the trainings log and acknowledgement statements verify the staff training occurs. Training is conducted annually, and refresher training is provided as needed. Staff interviews confirmed they have received training on the 10 required topics. The evidence shows staff members are provided all of the required training topics. Based on the review of the Pre-audit questionnaire, training curriculum, associated training materials and records, and staff interviews, the facility complies with the provisions of the standard.

**Provision (b):**

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

The facility houses only male inmates and the training take into account the needs of the population as determined by a review of training curricula and interviews with random staff. The Policy states the training shall be tailored to the needs and attributes to the population served.

**Provision (d):**

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The Policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. The facility follows this provision of the standard. The staff interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities based on their job duties and PREA roles.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with the provisions of this standard.

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

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

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

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

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

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires volunteers and contractors who have contact with inmates to receive in-depth PREA training. All volunteers and contractors receive the PREA training, PREA Volunteer brochure and sign the PREA Acknowledgement Form upon completion of the PREA training they received. The training consists of a power point presentation that includes: policies, PREA definitions, reporting requirements and other required procedures. Additionally, the brochure provided to all volunteers and contractors is a guide to prevention and undue familiarity and sexual abuse with offenders/inmates. A review of the documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment.

### Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

**Interviews:**

PREA Coordinator  
PREA Compliance Manager  
Intake Staff  
Random Inmates

**Provision (a):**

The agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The EMCF trains all volunteers and contractors who have contact with inmates on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. According to the PREA Audit: Pre-Audit Questionnaire the facility trained 32 volunteers and contractors within the past 12 months.

**Provision (b):**

The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Interviews and documentation indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and the contact they have with inmates. All volunteers and contractors are notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report alleged incidents.

**Provision (c):**

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The facility documents volunteer and contractor training using the Training Acknowledgement form and rosters, which requires the volunteers, contractors and instructor signature and date.

The facility maintains documentation confirming that volunteers and contractors understand the training they received. The EMCF documents volunteer and contractor training using the Training Acknowledgement form and rosters, which requires the volunteers, contractors and instructor signature and date.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of this standard regarding volunteer and contractor training.

**Standard 115.33: Inmate education****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.33 (a)**

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

**115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

**115.33 (c)**

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

**115.33 (d)**

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

**115.33 (e)**



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

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes   ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires inmates to receive appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 15 days upon arrival. However, the case management staff provides the inmates with this information immediately upon arrival during their initial intake and orientation process. This information is reviewed verbally with the inmate and a pamphlet is provided to them for future reference. After the review with the inmate, he is asked to sign various forms which include, PREA Education Acknowledgment Form, to verify receipt for all information regarding orientation to the facility. All inmates are provided a EMCF Sexual Abuse Awareness for the Inmate pamphlet which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in English and Spanish. Documentation of inmate's signatures were reviewed and confirmed during inmate interviews. Some inmates interviewed stated they received this information the same day they arrived at the facility and verified the receipt of the pamphlet. PREA signage was not displayed in all areas frequented by the inmates; therefore, the Auditor recommended additional PREA signage be posted and ensure signage has bold print. Corrective actions were taken to rectify this issue. Additional



signage was posted in the needed areas. Photos have been sent to the Auditor to verify the actions taken.

There were seven targeted inmates interviewed at this facility during this auditing cycle. The interviews revealed the agency take appropriate steps to ensure that vulnerable inmates 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. The facility provides information about sexual abuse and sexual harassment that the inmate is able to understand and also provide an interpreter to assist the inmate read, write, speak, and explain things if needed. The Agency has a narrative that is required to be read to all inmates at intake and it appears that this is being conducted as required by Agency directive.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Acknowledgement Statements  
Inmate Handbook  
Posters Observed

**Interviews:**

Warden  
PREA Compliance Manager  
Intake Staff  
Random Inmates

**Provisions (a) and (b):**

During the intake process, inmates shall receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Provision (b): Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Facility Policy provides all inmates admitted receive information about the facility, including PREA education. Inmates receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. According to the Intake staff who provides PREA education to inmates and the inmates interviewed, an orientation is provided to inmates during the intake process. Policy provides that inmates receive a comprehensive PREA education session within 30 days of admission to the facility. The results of the staff and inmate interviews indicated the information provided to the inmates is comprehensive.

The intake staff's interview revealed she ensures inmates are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. The PREA education sessions include a review of the Safety Brochure. The

inmates sign acknowledgement statements confirming their receipt of the PREA information. A review of documentation showing dates and indicating inmates' participation in PREA education sessions confirmed the PREA education sessions occur. The PREA related information is provided to staff in policies and procedures, training and staff meetings. Directions for accessing the Coalition Against Sexual Assault hotline are posted and include the limitations of confidentiality. However, observations were made by the auditor that the postings were not in all areas that the inmates frequented. It was recommended by PREA auditor that additional posters should be posted throughout the facility to include bright colors, and large print. Corrective actions were taken to rectify this issue. Photos of the additional posters were sent to the Auditor to verify the actions taken.

**Provision (c):**

Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility.

All inmates at the EMCF received and have been educated on PREA. Inmates that transfer to the facility also receive the required PREA Education.

**Provision (d):**

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

The facility has the capability to provide the PREA education in formats accessible to all inmates including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the inmate. Posted PREA information is in English and Spanish accessible to inmates, staff, contractors, volunteers, and visitors. Staff interviews confirmed inmates are not used as translators or readers for other inmates.

**Provision (e):**

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

A sample of signed acknowledgement statements were reviewed which supported the inmates' involvement in PREA education sessions. The inmates were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Intake staff was interviewed regarding PREA education for inmates. She ensures inmates' receipt of the information, including the inmate signing the acknowledgement form.

**Provision (f):**

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

The PREA education materials provide inmates information on how to report allegations of sexual harassment and sexual abuse. A brochure is provided to each inmate to eliminate incidents of sexual abuse and sexual harassment. The brochure provides educational information regarding sexual abuse and victims. The inmates revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report the allegation for them; access to the Coalition Against Sexual Assault hotline to report allegations of sexual abuse or sexual harassment; or complete a grievance form. Each inmate is provided a Handbook and Safety Brochure. Posters were observed placed throughout the facility and were easy to see and read.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility is compliant with the provision of this standard.

**Standard 115.34: Specialized training: Investigations**

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

**115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

**115.34 (b)**

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

**115.34 (c)**

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires an investigation for all allegations of sexual abuse or sexual harassment. All investigators undergo an extensive training developed by the MTC and MDOC prior to conducting administrative investigations which includes the MDOC PREA Specialized Investigations: Sexual Abuse and Sexual Harassment. The facility conducts criminal investigations, however, assigned personnel conduct fact finding administrative investigations. There is one staff at the facility who has completed the MDOC PREA Specialized Investigations: Sexual Abuse and Sexual Harassment and other required investigative training. Documentation was reviewed and in compliance with the PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement.

#### Documentation Reviewed:

PREA Pre-Audit Questionnaire  
 Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
 Facility Policies and Procedure PREA 12.004, 004.001  
 EMCF Investigator Certificate  
 EMCF Investigator Training sign-in sheet

## Specialized Training Curriculum

### **Interviews:**

Warden

PREA Compliance Manager

Facility Investigator

### **Provisions (a):**

In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

In addition to the general PREA training provided to all employees, the agency ensures that its Facility investigators have received training in conducting investigations in confinement settings. Interviews and documentation reveal that specialized training was completed.

### **Provisions (b):**

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The investigators completed the specialized training. Specialized training includes 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 and prosecution referral.

### **Provisions (c):**

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

The facility maintains a list of investigators having completed the required specialized training in conducting sexual abuse investigations. The facility indicated that they provided the PREA requirements for serving as a PREA investigator.

**Provision (d):** Auditor is not required to audit this provision.

### **Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility is compliant with the provision of this standard.

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

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

### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

EMCF meets the requirements of this standard based upon the following evidence:

#### **Documentation Reviewed:**

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Training Logs  
Training Curricula

#### **Interviews:**

Warden  
PREA Compliance Manager  
Medical Staff  
Mental Health Staff

#### **Provision (a):**

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Interview with the EMCF medical and mental health staff indicated that all full-time and part-time medical and mental health care practitioners who work regularly in the facilities have been trained around: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

#### **Provision (b):**

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

The medical staff at EMCF have had the necessary training to conduct forensic examinations. The Anderson Regional Health Systems also conducts the "Sexual Assault Forensic Examinations". The examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations.

**Provision (c):**

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

The training documents, including training certificates and the interviews with medical and mental health staff confirmed receipt of the required training.

**Provision (d):**

Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.31 or for contractors and volunteers under Standard 115.32, depending upon the practitioner's status at the agency.

Medical and mental health staff completed the general training that is provided for all staff members as documented by training documentation.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding specialized training for medical and mental health care.

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

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

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

**115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

**115.41 (b)**

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



#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

**115.41 (e)**

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

**115.41 (f)**

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

**115.41 (g)**

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

**115.41 (h)**

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

**115.41 (i)**

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

**Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires prior to placement as part of the screening process each inmate is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within seventy-two hours a mental health practitioner will conduct an initial Mental Health Assessment. Most inmates are screened within seventy-two hours upon arrival at the facility to determine placement and their special needs. Those inmates who score vulnerable to victim or sexually aggressive are included into the alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Inmates are reassessed at a minimum of every thirty (30) days and throughout their stay at the facility. The facility's policies limits staff access to this information on a "need to know basis". Most inmate interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each inmate upon admission to the program. Inmates reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. Staff were aware of giving consideration for the inmates on views of their safety in placement and programming assignment.

#### **Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

Sample of Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression

PREA Education & Screening Log

#### **Interviews:**

Warden

PREA Compliance Manager

Staff Responsible for Risk Screening

Random Inmates

**Provision (a):**

All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

The facility assesses all inmates during intake screening to include inmates that transfer from other prisons for risk of being sexually abused.

**Provision (b):**

Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Interviews and documentation revealed that intake screenings are taking place within 72 hours at the facility. Also, during intake screening, procedures require staff review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field and medical files) for any indication that an inmate has a history of sexually aggressive behavior. Housing assignments are made accordingly.

**Provision (c):**

Such assessments shall be conducted using an objective screening instrument.

The Agency requires MTC to use the agency Screening form and the Screening for Risk of Victimization and Abusiveness as the objective screening instrument. Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses the agency form and the PREA Intake Objective Screening Instrument to document this process. The PREA Intake Objective Screening Instrument has all the required criteria.

**Provision (d):**

The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmates' criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

- Whether the inmate has previously experienced sexual victimization;
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes.

The Auditor reviewed the Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument and determined all factors required by this provision of the standard are included. The interview with the Intake Staff confirmed she is aware of the elements of the risk screening instrument. The inmate interviews also confirmed the administration of the screening instrument.

**Provision (e) & (f):**

Agency policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmates' arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

**Provision (g) & (h):**

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d).

**Provision (i):**

The agency implements appropriate controls on the dissemination within the facility of responses to questions asked under this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates as described above.

The Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. The interview with the PREA Compliance Manager revealed the information is only available to the Intake Staff and the mental health staff. The documents are kept in the inmate's file in a locked file cabinet in the locked office when unoccupied by the Intake Staff. The Auditor observed the files to be maintained in a secure manner. The evidence shows the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

## 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA precludes gay, bi-sexual, transgender and intersex inmates being placed in a particular housing

unit, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an inmate's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. The case management staff utilize various forms and any other pertinent information during the inmate's admission process. Staff interviews described how information is derived from the forms as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

**Interviews:**

Warden

PREA Compliance Manager

Staff Responsible for Risk Screening

Intake Staff

Random Staff

Random Inmates

**Provision (a and b):**

The Agency requires facilities to use information from the risk screening required to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each inmate will be made according to staff interviewed.

**Provision (c):**

The agency considers on a case-by-case basis whether a placement of a transgender or intersex inmate would ensure the inmate's health and safety, and whether a placement would present management or security problems.

Seven targeted inmates were interviewed during the on-site visit. The interviews revealed that the facility does consider on a case-by-case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems.

**Provision (d):**

Staff interviews indicated that when making placement and programming assignments for each transgender or intersex inmate, the facility will reassess them at least twice each year to review any threats to safety experienced by the inmate.

**Provision (e):**



Staff interviews also indicated if they were to have a transgender or intersex inmate, the inmate's views concerning his safety would be given serious consideration.

**Provision (f):**

Policy states transgender and intersex inmates will be given the opportunity to shower separately from other inmates.

**Provision (g):**

Interview with the Facility PREA Compliance Manager indicated that the facility would not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on identification status for protecting such inmates.

Staff interviews indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely by their sexual orientation, genital status, or gender identity. They are housed in the general population unless requested by the inmate for special housing for safety issues.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding use of screening information. The facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. The facility prohibits placing LGBTI inmates in particular housing, bed, or other assignments solely based on such identification or status and does not consider such identification or status as an indicator of likelihood of being sexually abusive. The facility is prepared to provide a safe and secure environment and follow all provisions of this standard.

## **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires that Inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the inmate may be held in involuntary segregation for less than 24 hours while completing the assessment.

#### Documentation Reviewed:

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Documentation of housing assignments  
Case files

#### Interviews:

Warden  
PREA Coordinator  
PREA Compliance Manager  
Staff who Supervise Inmates in Segregated Housing  
Inmate in Segregated Housing

**Provision (a):** Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

Policy requires that Inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a

determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the inmate may be held in involuntary segregation for less than 24 hours while completing the assessment.

**Provision (b):** Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.

Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the restrictions are placed on access to programs, privileges, education, or work opportunities, the following reason(s) will be documented in a jail incident report: a)The opportunities that have been limited; b) The duration of the limitation; and c)The reasons for such limitations.

**Provision (c):** The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

If an involuntary segregated housing assignment is made, a jail incident report will be completed clearly documenting the following information: the basis for concern for the inmate's safety and the reason(s) why no alternative means of separation can be arranged. A review will be conducted every 30 days to determine the continuing need for separation from general population.

**Provision (d):** If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged.

The agency's Protective Custody Cover Sheet, documents that the inmate is to receive all of the same privileges as inmates in general population with some exceptions identified. It also affirms the status of an inmate in PC is to be reviewed every seven days for the first two months of segregation and at least 30 days thereafter. The review is documented on the inmate's record. Privileges must be offered each day unless special circumstances prohibit it. These are documented as missed privileges.

Interviews with the Warden, PREA Coordinator and other staff indicated that placing an inmate victim on PC involuntarily would be a last resort. They indicated inmates needing protection may be placed in medical or in another living unit, including the special needs unit. Staff supervising segregation indicated inmates get recreation, Food is brought in, the Chaplain visits, and Medical is there daily and at pill call. Inmates have access to phones and a television.

Several examples of Protective Custody inmates were provided. None of them were in PC as a result of PREA issues. Inmates were asked if they felt safe in their living units and if they wanted to return to general population. All of these examples were voluntarily housed in Protective Custody.

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

Policy provides that a review will be conducted every 30 days to determine the continuing need for separation from general population.

Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding protective custody.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☒ Yes ☐ No ☐ NA

#### 115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
☒ Yes   ☐ No

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA provides multiple internal ways for inmates to report sexual abuse and sexual harassment, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, external reporting, and third party. While touring the entire facility, it was observed in the living areas postings of the PREA information (posters). The victim advocate information postings were limited. Reporting procedures are provided to inmates through the Inmate/PREA Orientation, brochure, and Inmate Rule Booklet. Most staff and inmate interviews along with the orientation and supporting documentation verified compliance with this standard. After the on-site visit, the victim advocate information was clearly posted in various areas throughout the facility. The PREA Compliance Manager sent photos verifying this corrective action to this auditor prior to the submission of this report.

Most staff interviews along with the postings, and supporting documentation confirmed multiple internal ways for inmates to report sexual abuse and sexual harassment, their understanding of the policies and their obligation of being mandated abuse reporters.

#### Documentation Reviewed:

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Inmate Handbook  
MOU

**Interviews:**

Warden  
PREA Compliance Manager  
Random Staff  
Random Inmates

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

Interviews with staff and documentation review indicated that the facility had established procedures allowing for multiple internal ways for inmates to report sexual abuse and sexual harassment privately. The following are internal reporting ways:

- Report through designated phone in the POD
- Report to any staff member either verbally or in writing
- Third party reporting
- Report to MS Coalition Against Sexual Assault hotline
- Writing an anonymous note

**Provision (b):** The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Interviews with staff and documentation indicated that the facility has established at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The following are external reporting ways:

- MS Coalition Against Sexual Assault Hotline
- Third party reporting

Policy requires inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

**Provision (c):** Staff shall accept reports made verbally, in writing, anonymously, and from

third parties and shall promptly document any verbal reports.

The agency policy mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports immediately, but always before leaving the shift. Staff can report sexual abuse and sexual harassments privately and the agency informs staff through shift briefing, management meetings and PREA training.

**Provision (d):** The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

Staff can privately report sexual abuse and sexual harassment by use of the MS Coalition Against Sexual Assault hotline.

**Conclusion:** Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding inmate reporting. The inmates have multiple internal ways for inmates to privately report. Reports can be made verbally, in writing, anonymously, and from third parties. Verbal reports would be documented immediately. Inmates have access to pens and pencils to write a grievance or complete a Medical Request Form. Staff can privately report sexual abuse and sexual harassment of inmates.

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

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

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

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

#### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (c)**



- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion

thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).

☒ Yes ☐ No ☐ NA

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

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

#### Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

**Interviews:**

Warden

PREA Compliance Manager

Inmates who Reported Sexual Abuse

**Provision (a):** An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

The East Mississippi Correctional Facility has an administrative process to address inmate grievances regarding sexual abuse.

**Provision (b):** (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

The facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. An inmate can submit a grievance any time regardless of when the incident is alleged to have occurred. According to staff interviews, the facility does not require an inmate to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

**Provision (c):** The agency shall ensure that— (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

1. Inmates who allege sexual abuse submit the grievance without submitting it to a staff member who is involved in the allegation. Grievance forms can be obtained from the case manager, the Grievance Officer or ask any staff members; they may mail it to the warden.

2. The grievance is not referred to a staff member who is involved in the allegation.

**Provision (d):** (1) The agency issues 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 does not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if

the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

1. Staff interviews indicated that if a resident files a grievance, the facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Staff interviews indicated no grievances were filed for the past 12 months.
2. An interview with the Grievance Officer indicated that computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.
3. MTC policy requires the East Mississippi Correctional Facility to notify the inmate in writing when the organization files for an extension, including notice of the date by which a decision will be made.
4. MTC policy provides that the inmate may consider the absence of a response to be a denial at that level.

**Provision (e):** (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

1. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmate in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of inmate.
2. If a third party files a request on behalf of an inmate, the facility will 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.

**Provision (f):** (1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

1. The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse.
2. According to interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigations.

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

Inmate's documentation indicated that the facility may discipline an inmate for filing a grievance related to alleged sexual abuse when the inmate filed the grievance in bad faith. According to a review of the Pre-Audit Questionnaire and confirmed by staff interviews, in the past 12 months 15 grievances were filed alleging sexual abuse.

**Conclusion:** Inmates interviewed acknowledged they could report allegations of sexual abuse or sexual harassment using the designated phones in the Pod. Several mentioned the grievance process as one way they could report allegations of sexual abuse. Staff acknowledged that inmates can file a grievance to report any allegations of sexual abuse, sexual harassment or retaliation. They indicated the grievance alleging these would be treated as an emergency grievance, which would be attended to immediately, rather than having to go through the regular grievance policy. Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding exhaustion of administrative remedies.

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

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

### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

### **115.53 (b)**

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

#### 115.53 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA ensures that inmates are provided access to outside confidential support services and legal counsel. There is evidence of EMCF Warden obtaining a Memorandum of Understanding with MS Coalition Against Sexual Assault to provide confidential emotional support to inmates who are victims of sexual abuse and sexual harassment. There have been no calls from inmates to outside services in the past 12 months. Inmate interviews confirmed they have reasonable and confidential access to their attorneys through visitation, correspondence or by telephone. The Inmate/PREA Orientation contained information of outside services. Inmates' interviews revealed inmate knowledge of how to access outside services. Since the initial review and onsite visit, the facility's bulletin boards located in their housing units were updated to clearly post the victim advocate services and the telephone number. The PREA Compliance Manager sent photos to verify the actions taken to this auditor prior to the submission of this report.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

**Interviews:**

Warden

PREA Compliance Manager

**Provision (a):** The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

The EMCF provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address to the MS Coalition Against Sexual Assault.

**Provision (b):** The facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The EMCF informs inmates prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities by mandatory reporting laws. Inmates receive this information in their Admission and Orientation Booklet.

**Provision (c):** The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The facility maintains a memorandum of understanding (MOU) or other agreements with MS Coalition Against Sexual Assault that can provide inmates with emotional support services related to sexual abuse. Interviews with the Warden and PREA Coordinator confirmed the availability of this service for inmates of the EMCF. The agreement is documented as required and a copy of the agreement is maintained in the PREA Compliance Manager's office. The reviewed MOU, acknowledges the availability and involvement of a certified rape crisis advocate(s) who will meet an inmate victim at the Anderson Regional Health Systems Emergency Department. Inmates at the facility have 24/7 access to the MS Coalition Against Sexual Assault through the MS Coalition Against Sexual Assault hotline. Numbers to additional outside advocates are posted throughout the facility and in the Inmate Handbook.

**Conclusion:** Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding inmate access to outside confidential support services and legal representation.

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA identifies the Agency's third-party reporting process and instruct staff to accept third party reports. EMCF website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of an inmate. In addition, the Agency has established a confidential webpage for employees to report allegations fraud, waste, abuse, misconduct or mismanagement in the facility and these concerns may be reported anonymously. There are two separate reporting processes for the receipt of third-party reports of sexual abuse or sexual harassment. They may write to the Agency PREA Coordinator or send an email through the link provided. This information is reported directly to the Agency PREA Coordinator. These reports will be investigated. All inmate interviews confirmed their awareness of reporting



sexual abuse or sexual harassment to others outside of the facility including access to their attorney. All staff interviews were able to describe how reports may be made by third parties.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

Inmate Handbook

**Interviews:**

Warden

PREA Coordinator

PREA Compliance Manager

Random Staff

Random Inmates

**Provision (a):** The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The Policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. Staff members also stated they are to immediately document all verbal reports received. The interviews revealed they may report allegations privately through the use of the MS Coalition Against Sexual Assault abuse reporting hotline or a third-party reporting form.

All inmates interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the inmates revealed their knowledge of third-party reporting. The inmates identified the methods within the facility in which they may make third party reports such as file an emergency grievance, report to staff or a family member, or utilize the MS Coalition Against Sexual Assault abuse reporting hotline telephone.

Information regarding reporting is provided through observed postings located in various areas of the facility accessible to visitors, inmates, staff, contractors, and volunteers. The facility's website contains information regarding third-party reporting of allegations of sexual abuse. The Third-Party Reporting Form is observed to be located on the website. There were no third-party reports received during this audit period.

**Conclusion:** Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance regarding third-party reporting. The facility provides various methods for third-party reports of sexual abuse or sexual harassment.

<b>OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT</b>
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## Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA identified the reporting process for all facility staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All facility staff are mandated reporters and most random staff interviews confirmed the facility's compliance with this standard. Additionally, the facility staff receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training. The staff would complete an incident report with the details of any incidents that would occur in the facility in compliance with this standard.

#### Documentation Reviewed:

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Sample of reports to investigators

#### Interviews:

Warden  
PREA Compliance Manager  
Random Staff  
Medical and Mental Health Staff

**Provision (a):** The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The Policies collectively address provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an

incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws of the State of Mississippi. The facility's trained investigators conduct administrative and criminal investigations.

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

Reporting according to the State's mandatory reporting laws and the facility Policies was evident through document review regarding disclosures by inmates of allegations that did not occur in the facility or an institutional setting. The documented case notes show the reporting by staff in accordance with facility Policies and the requirements of the standard. The staff interviews were aligned with the requirements of the Policies and standard. A review of documentation demonstrates information reported to staff is reported to the appropriate authorities. Staff members are instructed to immediately report all allegations of sexual abuse or sexual harassment to a Supervisor or the PREA Compliance Manager.

**Provision (c):** Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Facility Policy supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the inmate, aid in the investigation, or help retain the security of the facility. Staff is expected to continue to abide by the confidentiality requirements of the facility. Interviews with staff indicated their knowledge of the prohibition of 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. Based on the review of documentation and interviews with staff, it is evident the facility follows this provision of the standard.

**Provision (d):** If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

The medical and mental health staff interviewed stated inmates are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent would be documented for an inmate 18 years old and over regarding reporting allegations of sexual abuse that did not occur in an institutional setting.

**Provision (e):** The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The Policies collectively provide for all allegations to be reported to the PREA Compliance Manager, including third-party and anonymous reports as also verified by staff interviews.

**Conclusion:** The interviews with PREA Compliance Manager, random staff, mental health and medical staff and Warden revealed their awareness of the requirements regarding the reporting duties. All staff interviewed acknowledged they are mandated reporters and a written report must immediately follow reported allegations or incidents. The random staff interviewed provided the reporting requirements and that staff is expected to document receipt of verbal reports immediately. The facility staff members are also required by the Policy to report allegations that were made anonymously or by a third-party. During this audit period, there were 15 allegations of sexual abuse and sexual harassment.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires that immediate action to be taken upon learning that an inmate is subject to a substantial risk of imminent sexual abuse. There were no inmates determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the PREA Coordinator and other random selected staff were able to articulate, without hesitation, the expectations and requirements of EMCF Policies and PREA Standards, upon becoming

aware that an inmate may be subject to a substantial risk of imminent sexual abuse. Staff interviews indicated if an inmate was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the inmate, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the inmate would be referred for mental health services.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

**Interviews:**

PREA Coordinator

Random Staff

**Provision (a):** When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

Facility Policy requires staff to protect the inmates through implementing protective measures. Administration of the Vulnerability Assessment provides information that assists and guide staff in keeping inmates safe through housing and program assignments. The interviews of the random staff and the PREA Coordinator revealed protective measures include but are not limited to alerting supervisors and management staff and separating the inmates including moving to a different housing unit. The PREA Coordinator and the random staff indicated the expectation is that any action to protect an inmate would be taken immediately.

The interviews with the inmates revealed during the intake process, how they feel about their safety is part of the inquiries by staff in completing paperwork. A review of a sample of Vulnerability Assessments supports the information provided by inmates. The PREA Coordinator report during the past 12 months, no inmates were identified as being subject to substantial risk of imminent sexual abuse.

**Conclusion:** Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard and the provisions regarding agency protection duties.

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

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

### **115.63 (a)**

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

### **115.63 (b)**

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

#### 115.63 (c)

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

#### 115.63 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires the Warden, upon receiving an allegation that an inmate was sexually abused while confined at another facility, to notify the Warden where the alleged abuse occurred and to report it in accordance with EMCF policy and procedures. Also, according to policy and procedure the EMCF is to immediately report the incident for investigation and complete an incident report. The Warden had received no allegations that an inmate was abused while confined at another facility during the past 12 months.

#### Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

#### Interviews:

Warden

PREA Coordinator

## Random Staff

**Provisions (a), (b), (c), and (d):** (a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c) The agency shall document that it has provided such notification. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

EMCF Policy provides that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden/designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the appropriate investigative agency. Notification should be made as soon as possible but no longer than 72 hours after receiving the information. The Warden/designee must document the notification as required by Policy. It is the responsibility of the receiving agency to ensure an investigation is completed. According to the Warden, there has been no allegation of sexual abuse made by an inmate regarding confinement at another facility. The Warden is familiar with the Policy and his responsibilities regarding such situation.

**Conclusion:** Based upon the information received and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to other confinement facilities.

### Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
☒ Yes   ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes   ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes   ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes   ☐ No



## 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There had been 15 allegations of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that an inmate was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately, and these steps were all consistent with EMCF policies and procedures. It was evident that staff have been trained in their responsibilities as first responders. The staff had palm cards containing the policy on the first responder's specific steps to respond to a report of sexual abuse.

### Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

### Interviews:

Random Staff

## Staff First Responder

**Provision (a):** Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Facility Policy provides that upon learning of an allegation that an inmate was sexually abused, the first security-level 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.
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.

The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There were 15 allegations that an inmate was sexually abused in the last 12 months.

**Provision (b):** If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The staff member interviewed who may act as a first responder was familiar with his duties in that role. He indicated he would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. He further stated he would go with the victim to the hospital.

**Conclusion:** Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding staff first responder duties.

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA provides a written coordinated response system to coordinate actions taken in response to an incident of sexual abuse among staff first responders, administration, executive staff and contacting medical and mental health outside sources. EMCF staff have a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law enforcement, victim advocate services, and a number of other individuals. Interviews with the Warden and other staff validated their technical knowledge of their duties in response to a sexual abuse.

### Documentation Reviewed:

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001

### Interviews:

Warden  
PREA Compliance Manager  
Random Staff

**Provision (a):** 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.

The facility has developed a Coordinated Response plan which is aligned with the detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The Plan outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management. The plan maps out the steps to take and staff responsibilities. The random staff interviewed were familiar with the roles regarding the response to an allegation of sexual abuse. The Warden discussed the coordinated actions in response to an incident of sexual abuse which was parallel to Policy and the Plan. Staff members are directed to follow the steps outlined. Forensic medical examinations will be provided free of charge to the victim at Rush Health Systems; Anderson Regional Health Systems by a Sexual Assault Nurse Examiner (SANE). The Hospital has 24/7 access to a SANE provider. A qualified medical professional shall perform a forensic medical examination if there is no SANE available as stated in the Hospital's Sexual Assault Policy. The victim will be provided unimpeded access to crisis intervention and medical services.

**Conclusion:** Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.

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

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

### **115.66 (a)**

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

### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

Staff interviews and documentation indicated that the East Mississippi Correctional Facility current contractual obligations with the Mississippi Department of Corrections are not dependent upon union contracts or collective bargaining agreements. The facility nor Management and Training Corporation (MTC) has entered into any collective bargaining agreements or any other agreement that would limit MTC's ability to remove alleged staff sexual abusers from contact with inmates.

### Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

### Interviews:

Warden

PREA Compliance Manager

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

#### Documentation Reviewed:

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Documentation of monitoring efforts

#### Interviews:

Warden  
PREA Compliance Manager  
Retaliation Monitor

**Provisions (a), (b), (c), (d), (e):** (a)The agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. (b)The agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. (c)For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. (d)In the case of inmates,



such monitoring shall also include periodic status checks. (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. (f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The EMCF prohibits retaliatory behavior by inmates or staff in regards to the reporting of sexual abuse, sexual harassment or cooperation with investigators as it relates PREA related incidents and allegations. Inmate rights documentation and staff policy establishes expected conduct. The facility PREA Compliance Manager is responsible for monitoring retaliation along with special investigations personnel to investigate and monitor inmates as it relates to PREA allegations and incidents. The facility has several protection and reporting measures, for inmates. They can utilize the "Grievance Program" to document retaliatory acts or other PREA related concerns and issues. The process is over-seen by the facility Grievance Investigator who works in concert with the facility administrators and facility investigators to ensure privacy and policy compliance. The facility has the option to change inmate housing or transfer inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and act promptly to remedy any retaliation. Items the facility should monitor include inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

**Provision (f):** Auditor is not required to audit this provision.

**Conclusion:** Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation.

## Standard 115.68: Post-allegation protective custody

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

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA addresses the use of protective custody only if no other alternative means of protection is available, or if inmates request this level of protection. Inmates requesting this level of protection may complete the Request for Protective Custody and must document the reasons for the request.

#### **Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

#### **Interviews:**

Warden

PREA Compliance Manager

Staff who Supervise Inmates in Segregated Housing

**Provision (a):** Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.

The facility's use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is based on the requirements of standard 115.43. Interviews and documentation review at the EMCF indicated that inmates at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Interviews also reveal that if an assessment cannot be immediately completed, the facility will hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. There were no instances of the use of protective custody as a result of a sexual abuse allegation in the past 12 months.

**Conclusion:** Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding Post-allegation protective custody.

# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

### 115.71 (a)

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

### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

### 115.71 (c)

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

### 115.71 (d)

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

### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

## **Instructions for Overall Compliance Determination Narrative**

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA require all staff to refer all alleged incidents of sexual abuse or sexual harassment to local law enforcement, Lauderdale County Sheriff's Department, for criminal investigations and the facility to conduct their own administrative investigations. Additionally, staff refer all allegations of sexual abuse and sexual harassment to the facility PREA Compliance Manager. There has been no substantiated allegation of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. The facility investigator has received the specialized training as required by the standards. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the department. Evidence is collected and prior reports involving the same perpetrator or victim are required to be reviewed. Any investigations where it appears to be criminal activity is referred to prosecution and no interviews are conducted without the approval of the PREA Compliance Manager.

### **Documentation Reviewed:**

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
EMCF Investigator Training Record  
Investigation (Example)  
Certificate of Completion

### **Interviews:**

Warden  
PREA Compliance Manager  
Investigator  
Inmates Reported Sexual Abuse

**Provision (a):** When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Policy requires that investigations into all allegations of sexual abuse and sexual harassment will be done so promptly, thoroughly, and objectively, for all allegations, including those reported third-party and an anonymously and a preponderance of evidence will be imposed or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment

are substantiated.

**Provision (b):** Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.

Policy provides for the EMCF to utilize investigators who have received special training in sexual abuse investigations in a confinement setting.

**Provision (c):** Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Policy provides that investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator.

**Provision (d):** When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Policy requires that when the quality of evidence appears to support criminal prosecution, compelled interviews will be conducted only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

**Provision (e):** The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Policy requires that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. An inmate who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.

**Provision (f):** Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Policy requires that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

**Provision (g):** Criminal investigations shall be documented in a written report that contains a

thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Policy requires that 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.

**Provision (h):** Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Policy requires that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

**Provision (i):** The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy requires that all written reports pertaining to administrative or criminal investigations of alleged sexual assault or sexual harassment will be kept for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**Provision (j):** The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Policy provides that 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.

**Provision (k):** Auditor is not required to audit this provision.

**Provision (l):** When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Policy provides that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding criminal and administrative agency investigations.

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

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

### **115.72 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA imposes no standard greater than a preponderance of the evidence in determining the outcome of an investigation. An interview with staff confirmed the findings.

### Documentation Reviewed:

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Investigation (Sample)

### Interviews:

Warden  
PREA Compliance Manager  
Investigator

### Provision (a): §115.72

The investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

An interview with the Facility Investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

### Conclusion:

Based upon the review and analysis of the available evidence and the interviews, the Auditor has determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.

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

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

#### **115.73 (a)**

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

#### **115.73 (b)**

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

#### **115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### **115.73 (d)**

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the



alleged abuser has been indicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires that any inmate who alleges that he suffered sexual abuse is informed in writing whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate, unless the allegations are "unfounded", whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; if EMCF learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving inmate-on-inmate allegations of sexual abuse, the facility will inform the inmate whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There has been 10 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the

agency/facility in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, 10 inmates were notified, verbally or in writing, of the results of the investigation. The Warden validated his technical knowledge of the reporting process during his interview.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Investigation Reports  
Inmate Notification

**Interviews:**

Warden  
PREA Compliance Manager  
Investigator  
Inmate Reported Sexual Abuse

**Interviews:**

Warden  
PREA Compliance Manager

**Provision (a):**

Following an investigation into an inmate's allegation of sexual abuse suffered in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Facility Policy addresses the inmate being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The PREA Compliance Manager will remain abreast of an investigation conducted by any of the investigative entities by serving as the primary contact person(s), as determined by the interviews. The EMCF Policy provides that any inmate who makes an allegation of sexual abuse shall be informed verbally by the Warden and in writing following an investigation, as to whether the allegation was substantiated, unsubstantiated, or unfounded.

**Provision (b):**

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the inmate.

The EMCF Policy states the facility shall request all relevant information from the investigating agency to inform the inmate of the outcome of the investigation.

**Provision (c):**

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the inmate's unit;
- (2) The staff member is no longer employed at the facility;

- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Policy requires that following an inmate's allegation that a staff member committed sexual abuse against the inmate, the inmate will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer assigned within the inmate's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse within EMCF; or
- d. The staff member has been convicted on a charge related to sexual abuse within the facility.

**Provision (d):**

Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Policy provides that following an inmate's allegation that he has been sexually abused by another inmate, the alleged victim shall be subsequently informed whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse; or
- b. The alleged abuser is adjudicated on a charge related to sexual abuse.

**Provision (e):**

All such notifications or attempted notifications shall be documented.

The Policy provides that all such notifications or attempted notifications be documented. The Notification of Outcome of Investigation letter has been created and would serve to notify the inmate, in writing, regarding the provisions of this standard.

**Provision (f):**

An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The Policy provides the facility's obligation to report under this standard shall terminate if the inmate is released from the facility's custody.

**Conclusion:**

The interviews with the identified staff confirm the Policy requirements and their knowledge of the process of reporting to an inmate regarding the outcomes of an allegation of sexual abuse. Based on the review and analysis of the available documentation and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to inmates.

<b>DISCIPLINE</b>
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## Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or sexual harassment policies. Also, the policy mandates that the violation be reported to law enforcement and any relevant licensing bodies. All disciplinary sanctions are maintained in the employees HR file in accordance with EMCF policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been one employee disciplined in the past 12 months for violation of the facility's sexual abuse or sexual harassment policies. Case file was reviewed for process completion. The Warden's interview validated his technical knowledge of the reporting process was consistent with EMCF policies and procedures.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

Memo: Notification to Offender

MTC Employee Termination

**Interviews:**

Warden

PREA Coordinator

PREA Compliance Manager

**Provision (a):**

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

EMCF Policy provides that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. The interview with the Warden, who performs personnel duties, confirmed the Policy.

**Provision (b):**

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

The Policy states that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse with an inmate as confirmed by the Warden.

**Provision (c):**

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

EMCF Policy provides that disciplinary sanctions for violations of EMCF policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Additionally, the Policy states all employee discipline and termination are governed solely by At Will employee law.

**Provision (d):**

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

EMCF Policy states all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of this policy, shall be reported to law enforcement, unless the activity is clearly not criminal. In addition, it shall be reported to relevant licensing bodies.

**Conclusion:**

Based upon the review of Policy and interview, the Auditor has determined the facility is compliant with this standard regarding disciplinary sanctions for staff.

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

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

**115.77 (a)**

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

**115.77 (b)**

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

**Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and sexual harassment of inmates will be reported to the Lauderdale County Sheriff's Department "(unless the activity was clearly not criminal)," and to relevant licensing bodies. Additionally, the policies require the facility staff to take remedial measures and prohibit future contact with inmates in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. All volunteers and contractors must sign the PREA Acknowledgement Form upon completion of the PREA training they received. This was verified with the documentation review and during an interview with the Warden. There have been no volunteers or contractors reported in the past 12 months for engaging in sexual abuse or sexual harassment of an inmate.

### **Documentation Reviewed:**

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
PREA Acknowledgement Statement

### **Interviews:**

Warden  
PREA Compliance Manager

### **Provision (a):**

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

Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.

**Provision (b):**

The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.

**Conclusion:**

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance with this standard regarding corrective action for contractors and volunteers.

**Standard 115.78: Disciplinary sanctions for inmates**

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

**115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

**115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

**115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

**115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

**115.78 (e)**



- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires that any inmate found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to disciplinary sanctions. EMCF staff provides each inmate with an Inmate/PREA Orientation and Inmate Rule Book that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Inmates will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility in the past 12 months. The Warden indicated that inmates may also be referred for prosecution if the allegations were criminal.

**Documentation Reviewed:**  
PREA Pre-Audit Questionnaire

**Interviews:**

Warden  
PREA Compliance Manager  
Medical Staff  
Mental Health Staff

**Provision (a):**

An inmate may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

The Policy addresses an administrative process for dealing with rule violations and references the policy that deals with discipline. Sanctions are directly related to the seriousness of the negative behavior. The interview with the Warden revealed the process regarding allegations of inmate-on-inmate abuse which can include the inmate being transferred from the facility or placed in restrictive housing during the investigation.

**Provision (b):**

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. In the event a disciplinary sanction results in the isolation of an inmate, agencies shall not deny the inmate daily large-muscle exercise or access to any legally required educational programming or special education services. Inmates in restrictive housing shall receive daily visits from a medical or mental health care clinician. Inmates shall also have access to other programs and work opportunities to the extent possible.

The disciplinary process allows sanctions to commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories within the facility.

**Provision (c):**

The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The EMCF Policy provides that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. This was confirmed by the interview with the Warden.

**Provision (d):**

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending inmate participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to have access to general programming or education.

EMCF Policy provides the facility considers whether to offer the offending inmate therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to privileges, but not as a condition to access to general programming or education.

**Provision (e):**

The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

EMCF Policy provides the facility may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact.

**Provision (f):**

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The EMCF Policy states 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.

**Provision (g):**

An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The Policy prohibits any sexual conduct between inmates. All such conduct is subject to disciplinary action. Referral for prosecution would occur after determination the sexual activity was coerced.

**Conclusion:**

There have been no inmates placed in restrictive housing as a disciplinary sanction for sexual abuse in the past 12 months. Additionally, there have been no administrative or criminal findings of inmate-on-inmate sexual abuse in the past 12 months. Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding interventions and disciplinary sanctions for inmates.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
☒ Yes ☐ No ☐ NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
☒ Yes ☐ No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires immediate referral to medical and mental health services after information of prior sexual victimization or sexual aggressive behaviors is discovered during the screening process. Services are provided within 14 days by facility medical and mental health staff. Interviews confirmed informed consent is obtained before information is shared regarding a victimization that may have occurred prior to incarceration.

#### **Documentation Reviewed:**

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Screening for Risk of Victimization and/or Abusiveness Form  
Medical/Mental Health Offered Form  
Medical Consent Form

#### **Interviews:**

Warden  
PREA Compliance Manager  
Intake Staff  
Medical Staff  
Staff Perform Risk of Victimization Screening

#### **Provision (a):**

If the screening pursuant to § 115.41 indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

The Policy provides that an inmate who indicates during initial screening that they were a victim or perpetrator of sexual abuse shall be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. A review of documentation, including Clinical Notes,

demonstrates inmates are offered follow-up meetings in a timely manner, prior to the 14 days. This information was also confirmed through the interview with the Intake Staff.

**Provision (b and c):**

If the screening pursuant to § 115.41 indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

The Policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Auditor observed the inmate files maintained in a secure manner. The files are secured in a locked cabinet behind a locked door, when the office is unoccupied. The files have a list of individuals that have access to them.

**Provision (d and e):**

Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

The Policy provides that medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The facility has created the Informed Consent form to document this type of situation.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding medical and mental health screenings; and history of sexual abuse.

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

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

**115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
☒ Yes   ☐ No

**115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires inmate victims of sexual abuse are offered timely information and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting an inmate to the emergency room with specific documentation for the staff. Additionally, documentation provided confirmed treatment services are provided to every victim without financial cost. Anderson Regional Health Systems provides

the emergency services and forensic examinations and MS Coalition Against Sexual Assault as the outside victim advocate services for this facility. An interview with the medical and mental health staff confirmed that inmates have immediate access to emergency medical and mental health services.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Medical Referral  
Medical/Mental Healthcare Form

**Interviews:**

Warden  
PREA Compliance Manager  
Medical Staff  
Mental Health Staff  
Inmate Reported Sexual Abuse

**Provision (a):**

Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The Policy mandates the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention services and advocacy services. The victim would be transported to Rush Health Systems; Anderson Regional Health Systems for a forensic examination, at no cost to the victim which is acknowledged by facility and Rush Health Systems; Anderson Regional Health Systems Policies. The Policy and interviews with the Nurse and Mental Health staff revealed the medical and mental health services are determined according to the professional judgment of the practitioner. Inmates are informed of medical services during intake and sign acknowledgement statements indicating key information reviewed in the education session which includes treatment services. The inmates have access to Medical Request Forms.

Inmates are provided access to an outside victim advocacy agency for services through a MOU with the MS Coalition Against Sexual Assault which includes but is not limited to emotional support and accompaniment through the forensic examination and investigative interviews. The advocate will go to the facility or the hospital to provide services. Review of medical files shows that medical and mental health staff members maintain secondary materials and documentation of inmate encounters.

**Provision (b):**

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.



The interviews with clinical staff revealed inmates have access to unimpeded access to emergency services. The Policy and the written coordinated response plan flow chart provide guidance to staff in protecting inmates and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact number. The full-time Nurse is generally on-call 24/7 as determined by the interview. Review of the coordinated plan; observations of the interactions among inmates, medical and mental health practitioners; and staff interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.

**Provision (c):**

Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The Policy and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff.

**Provision (d):**

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Policy states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews.

**Conclusion:**

Facility Policy revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through Policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim. Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding access to emergency medical and mental health services.

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

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

**115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

#### 115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

#### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Rush Health Systems; Anderson Regional Health Systems where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused. There are 15 pending investigations of alleged inmate sexual abuse. The medical and mental health staff have a protocol in place to assist inmates upon discharge from the facility to continue services if needed.

### Documentation Reviewed:

PREA Pre-Audit Questionnaire  
Agency Policy 903E.02, 901D.02 and SOP #20-14-01  
Facility Policies and Procedure PREA 12.004, 004.001  
Risk Assessment

### Interviews:

Warden  
PREA Compliance Manager

Mental Health Staff  
Medical Staff  
Inmate Reported Sexual Abuse

### Provision (a):

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The Policy requires that a medical and mental health evaluation and treatment be offered to inmate victims of sexual abuse. According to the interviews, medical and mental health staff members are aware of the Policy mandates. The Policy and interviews support medical and mental health evaluations and treatment will be offered to all inmates who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate, including assessments and therapy.

**Provision (b):**

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The Policy states that follow-up services will be provided.

**Provision (c):**

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Facility Policy, staff interviews and observations revealed medical and mental health services are consistent with the community level of care.

**Provision (d):**

N/A

**Provision (e):**

N/A

**Provision (f):**

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Testing would be done at Rush Health Systems; Anderson Regional Health Systems, Meridian, MS and follow-up services may be done at the facility, as needed.

**Provision (g):**

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

All treatment services will be provided at no cost to the victim, according to Policy and staff interviews.

**Provision (h):**

The facility shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Facility Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known inmate-on-inmate abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual and/or group counseling. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment. The Mental Health staff interview supported the Policy.

**Conclusion:**

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

**115.86 (a)**

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

**115.86 (b)**

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

**115.86 (c)**

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

**115.86 (d)**

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires a PREA Post Incident Review of every sexual abuse allegation at the conclusion of all

investigations, except those determined to be unfounded within 30 days. EMCF Sexual Abuse Incident Review Team consists of the Warden, Upper Level Management with input from line supervisors, investigators, medical staff, and mental health staff. There are 15 pending criminal and/or administrative investigations of alleged sexual abuse to be completed at the facility that were followed by a sexual abuse incident review within 30 days excluding only “unfounded” incidents in the past 12 months. Staff interviews confirmed they would document their review and capture all aspects of an incident.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

**Interviews:**

Warden

PREA Compliance Manager

**Provision (a):**

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The Policy requires the facility to 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 deemed to be unfounded. The Warden is familiar with the Policy requirements.

**Provision (b):**

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The Policy requires that the reviews occur within 30 days of the conclusion of the investigation. There have been eleven criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days excluding only “unfounded” incidents in the past 12 months. The Warden confirmed incident reviews would occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the standard.

**Provision (c):**

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Policy identifies the incident review team members as Upper Level Management with input from line supervisors, investigators, medical staff, and mental health practitioners.

**Provision (d):**

The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the Warden, review of Policy and documentation method confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including: considering the make-up and vulnerability of the population such as gang affiliation; whether the inmate identifies as gay, bisexual, transgender, or intersex; other group dynamics; assessment of the area relative to the allegations; and adequacy of staffing.

The Policy requires the meeting to be documented, including recommendations and the document provided to the Warden. The interview with the Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard.

**Provision (e):**

The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

The Policy states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. The Warden is familiar with this Policy requirement. The form, PREA Post-Incident Review, has been developed for documenting the incident review team meeting and it allows for documentation of the considerations of the standard. Additionally, the form provides for recommendations for improvement by the team members.

**Conclusion:**

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.

## **Standard 115.87: Data collection**

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

#### **115.87 (a)**



- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
☒ Yes ☐ No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
☒ Yes ☐ No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

### Provision (a)

MTC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required by MTC Policy, 903E.02, Ensuring Safe Prisons. 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. MTC aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. Each MTC facility is required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Interviews indicated MTC has a refined data system enabling the company to collect and report accurate data to answer all questions on the Survey of Sexual Violence and the system is set up to answer them sequentially. Additionally, the system has the capability for generating valuable reports including the following: PREA Allegations and Investigations Summary Report, PREA Allegations and Investigations Report by Site, Investigations by Facility, Master Investigation Log, Master Investigation Log by Site and others. The reviewed 2019 MTC Annual Report was comprehensive, detailed, and included Demographics of MTC Operated Facilities as well as detailed PREA Data.

**Provision (b)**

The agency aggregated incident-based sexual abuse data at least annually.

**Provision (c)**

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

**Provision (d)**

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

**Provision (e)**

The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

**Provision (f)**

Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

**Interviews:**

Warden

PREA Coordinator

PREA Compliance Manager

Incident Review Team Member

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? ☒ Yes ☐ No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2019 Annual Report indicated compliance with the standard and included all of the required elements. The MTC 2019 Annual Report is posted on the MTC Website for public review.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

**Interviews:**

Warden

PREA Compliance Manager

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

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

**115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
☒ Yes   ☐ No

**115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes   ☐ No

**115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes   ☐ No

**115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes   ☐ No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

EMCF meets the requirements of this standard based upon the following evidence:

The Management & Training Corporation (MTC) Policy 903E.02, Ensuring Safe Prisons; EMCF Policies and Procedures 12.004, Ensuring Safe Prisons/Offender Rights, and the Mississippi Department of Corrections (MDOC) Standard Operating Procedure (SOP) 20-14-01, PREA requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed.

### Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

### Interviews:

Warden

PREA Compliance Manager

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the 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 ☐ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) ☐ Yes ☒ 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 ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, inmates, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

EMCF meets the requirements of this standard based upon the following evidence:

Since December 2013, MTC has ensured one-third of all operated facilities have been audited as evidenced by the Final Audit reports provided on the Agency's website.

The Auditor was provided complete access to the facility and observed all areas of the facility's buildings and grounds. Additionally, all relevant documents were provided upon request.

The facility made space available for private staff and inmate interviews. Inmates were provided information on the "Notice of the Auditor's Onsite Visit" regarding how to send confidential information to the Auditor.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

**Interviews:**

Warden

PREA Compliance Manager

**Standard 115.403: Audit contents and findings**

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

**115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

EMCF meets the requirements of this standard based upon the following evidence:

A review of the Management & Training Corporation web page at <https://www.mtctrains.com/prea/> revealed PREA Audit Reports dating back to 2013 through 2020 are posted and can be downloaded.

**Documentation Reviewed:**

PREA Pre-Audit Questionnaire

Agency Policy 903E.02, 901D.02 and SOP #20-14-01

Facility Policies and Procedure PREA 12.004, 004.001

**Interviews:**

Warden

PREA Compliance Manager



## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Cheryl M. Anderson

June 14, 2021

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.