

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

Final

Date of Report July 21, 2019

Auditor Information

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Telephone: 901-378-3998	Date of Facility Visit: June 26-28, 2019

Agency Information

Name of Agency: Bolivar County Sheriff's Office		Governing Authority or Parent Agency: Bolivar County Sheriff's Office	
Physical Address: 2792 Hwy 8 West		City, State, Zip: Cleveland, MS 38732	
Telephone: 662-843-7478		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency Chief Executive Officer

Name: Kelvin Williams SR	Title: Sheriff
Email: sheriffkelvinwilliams@co.bolivar.ms.us	Telephone: 662-843-5378

Agency-Wide PREA Coordinator

Name: Zac Houston	Title: MDOC PREA Coordinator
Email: zhouston@mdoc.state.ms.us	Telephone: 601-359-5541

PREA Coordinator Reports to: Sean Smith, Director MDOC CID		Number of Compliance Managers who report to the PREA Coordinator 18	
Facility Information			
Name of Facility:		Bolivar County Correctional Facility	
Physical Address:		2792 Hwy 8 West Cleveland, MS 38732	
Telephone Number:		662-843-7478	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: Click or tap here to enter text.			
Facility Website with PREA Information: www.mdoc.ms.gov			
Warden/Superintendent			
Name: Dr. Ora Starks		Title: Warden	
Email: orastarks@co.bolivar.ms.us		Telephone: 662-843-7478	
Facility PREA Compliance Manager			
Name: Sherrie Smith		Title: Compliance Manager	
Email: sherriesmith@co.bolivar.ms.us		Telephone: 662-843-7478	
Facility Health Service Administrator60			
Name: Gale Haywood		Title: Registered Nurse	
Email: ghaywood@co.bolivar.ms.us		Telephone: 6628437478	
Facility Characteristics			
Designated Facility Capacity: 369		Current Population of Facility: 291	
Number of inmates admitted to facility during the past 12 months			155
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			155
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			155
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0

Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18+
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:	0	
Average length of stay or time under supervision:	3+ Years	
Facility security level/inmate custody levels:	Medium	
Number of staff currently employed by the facility who may have contact with inmates:	60	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	20	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Physical Plant		
Number of Buildings: 2	Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:	4	
Number of Open Bay/Dorm Housing Units:	5	
Number of Segregation Cells (Administrative and Disciplinary):	4	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
68 PTZ cameras, excellent monitor clarity, retention is about 13 days depending on activity levels. Time of recording retention is 13 days.		
Medical		
Type of Medical Facility:	Nursing Office/Triage Room	
Forensic sexual assault medical exams are conducted at:	Bolivar Medical Center	
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	8	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1	

Audit Findings

ACRONYMS:

MDOC	Mississippi Department of Corrections
BCCF	Bolivar County Correctional Facility
PCM	PREA Compliance Manager
MDOC Policy	SOP 20-14-01 Prison Rape Elimination Act of 2003, Policy and Procedure

Audit Narrative

The Bolivar County, Mississippi Correctional Facility is compliant with U.S. DOJ PREA Standards.

The on-site PREA audit of the Bolivar County Correctional Facility audit was conducted June 26-28, 2019 by Department of Justice Certified Auditors William Peck and Michele Dausat. The tour was led by Warden Ora Starks; LT Lola Nelson, MDOC PREA Manager for the Northern Region of the Mississippi DOC; and Sherrie Smith, PREA Compliance Manager for the BCCF. The out brief was conducted with the Warden and PCM. It should be noted that the facility had a major water/flooding event the second day and schedules of both the facility and audit were impaired.

The Mississippi Department of Corrections (MDOC) established a State-wide network of contracts with some local governments to operate Regional Correctional facilities (RCF) that would house selected inmates not requiring the highest levels of custody. MDOC is, therefore, an integral element and leader of the statewide RCF PREA process and it both mandates and supports their PREA compliance efforts. MDOC also has an extensive and detailed PREA policy which is directed and specified for use by RCFs throughout the State, a policy that provides standardization at all RCFs and is based totally in accord with the PREA Standards.

This Bolivar Regional Correctional Facility (BCCF) houses only MDOC adult male prisoners who have been through reception and intake at a central MDOC institution. Although some Mississippi BCCFs house females, this facility does not, nor does it receive any youthful inmates. MDOC also assigns any inmates with medical, disability, immigration or language issues to the various MDOC prisons; such inmates are not sent to RCFs.

So, although BCCF operates separately from the Mississippi Department of Corrections (MDOC), the facility and the MDOC have an exclusive contract and maintain an excellent positive relationship concerning the operation of the facility. This includes the transfer of special-needs inmates away from this facility back into a larger State prison, as well as the ability of the facility to utilize shared services available through the MDOC.

Prior to the audit, the facility provided to the auditors all policies and procedures for review. The Mississippi Department of Corrections maintains an overarching policy regarding Sexual Abuse and Response for all RCF's, including Bolivar Correctional Center. The auditors and the PREA Coordinator had on-going communication for several weeks prior to the audit to prepare for the on-site visit.

A local governing policy of BCCF has not been written since BCCF follows the Mississippi Department of Corrections Policy, which all BCCFs must follow, and that is SOP 20-14-01. MDOC policies and procedures are totally aligned with PREA National Standards and are in most cases a verbatim version. There is a small local facility policy on sexual assault but it is a one-page policy that doesn't address all aspects of PREA. The facility operates under the MDOC policy but the PREA compliance manager was encouraged

to revise the facility policy to reflect all facets of the departmental regulation or to use the MDOC policy as a benchmark to develop a similar local policy in order to be in compliance with DOJ standards.

An entrance meeting was held June 26, 2019, at 12:00 p.m., following which the entire facility was toured. During the tour, camera placement, sightlines, and staff placement were noted to assist in determining standards compliance. Staff were aware of the requirement to announce the presence of the opposite gender and did so in all housing in a timely manner. Interviews with inmates and staff supported that the facility does ensure these announcements and that this practice is adhered to during daily operation. It was also evident that all staff and inmates receive appropriate training concerning PREA and the facility's zero-tolerance policy during initial training as well as annual and also regular refreshers. All staff was well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence and retaliation for reporting. Although there have been no cases in which response was necessary when questioned about responder duties every single staff member was familiar with the expectations of their duties to protect victims as well as the procedures for evidence preservation.

All housing zones, day rooms, inmate program areas, work areas, and all other inmate accessible areas were toured. While touring, several staff and inmates were informally interviewed and acknowledged receiving training and procedures for reporting sexual abuse and harassment and the right to be free from retaliation. All inmates were aware of the phone number available to report and many verified that higher-ranking staff such as the Warden and Chief of Security make frequent rounds throughout the facility. Unannounced rounds were documented in the logbook by the Control or "Tower" officer.

The areas viewed during the onsite review were:

LOBBY

ADMINISTRATION OFFICES

MULTIPURPOSE/GED CLASSROOM

MAIN CONTROL

KITCHEN/DINING AREA

NURSE STATION

CASE MANAGER OFFICE

LAUNDRY

BARBERSHOP

ALL HOUSING AREAS

EDUCATION BUILDING

VISITATION

Staffing appeared adequate and well-positioned, to include roving staff making random checks in housing. Of particular note were the clear lines of sight throughout the housing areas (or "zones") and the lack of blind spots, as well as the newly installed camera system with impressive clarity and detail, all enhancing the security of the inmate living areas. The facility has also demonstrated their commitment to compliance with the PREA standards by providing appropriate privacy barriers in the toilet and shower areas, barriers which still provide for a secure environment for the population. Searches are conducted by same-sex staff with the normal exception for exigent circumstances, which have not yet occurred. Male staff are available on all shifts to conduct strip searches when necessary and this was verified during the interview of both staff and inmates. The facility maintains one observation cell (suicidal inmates, initial investigation separation) which may at times be monitored by opposite-gender staff but only for short periods due to the facility practice of transferring such inmates within hours, or a maximum of a day or two, to a higher-level care facility at the Mississippi State Prison at Parchman. This monitoring clearly meets the justification as a security necessity.

The facility nurse has received certification as a SANE but does not conduct forensic work as part of her practice. Forensic exams would be made available at the Bolivar Medical Center. During the review, it was noted that the on-site nurse is involved in providing screening upon intake. Also of note was the obvious positive presence of Religious Services programming available to the population and many inmates spoke of the facility Chaplain and volunteers as also being persons that they would feel comfortable reporting to if necessary.

Interviews

The total number of full-time staff is 60, including Leadership, Program and Support staff, and a full-time RN nurse. This includes 2 part-time security staff available, a Correctional Sergeant in charge of the kitchen, and 1 part-time RN medical staff.

A total of 30 staff were interviewed during the course of this audit, 12 random selections; 5 senior-level staff; and 11 specialized staff, one volunteer, and one external victim advocate. Staff interviews consisted of:

- 1 Agency Head (Sheriff)
- 1 Agency Head MDOC have this
- 1 Warden
- 1 HR/Administrative Manager
- 1 Victim Advocacy Manager
- 1 Investigator, Facility, Sheriff's Department
- 1 Volunteer and Contractor-Chaplain
- 1 Medical (Nurse)
- 1 PREA Coordinator Agency
- 1 PREA Compliance Manager
- 1 Retaliation Monitoring
- 1 Intake Staff
- 1 Intermediate or Higher-Level Staff
- 2 Sexual Abuse Incident Review Team Members
- 1 Staff Who Perform Screening for Risk of Victimization
- 2 First Responder Staff (Line)
- 12 Random Staff interviews

Due to the size of the staffing complement at the facility, some employees also serve in collateral roles and were interviewed concerning the duties of each assignment. All staff interviewed were knowledgeable in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. All correctional staff are trained as first responders and were impressive in their familiarity with their duties. SAFE or SANE certified staff are available through the local community hospital, Bolivar Medical Center, which the facility uses. Staff were familiar with the procedures regarding reporting, responding and evidence preservation.

There were 28 random inmate interviews were conducted, plus 2 LEP interviews, during the on-site visit. The two Hispanic inmates interviewed spoke labored English and were the only members of any targeted inmate interview group in the facility. There were no inmates self-reported as LGBTI or reporting sexual

abuse at the facility and no inmates had been segregated at any point for any sexual abuse-related issue, either for investigation, separation or protection. Further, the MDOC management of the RCF facilities ensures that physically or medically or mentally challenged inmates, and anyone unable to be fully employed, will not be sent to an RCF.

Almost all of the inmates interviewed acknowledged receiving PREA training and written materials (pamphlets, handbooks) outlining the agency's zero-tolerance policies toward sexual abuse, harassment, and retaliation. Many inmates spontaneously discussed the postings with the reporting number. During the interview, many inmates disclosed that they felt sexual abuse incidents were unlikely at this facility due to security levels and nature of the population; and several stated it was the safest place they have been confined, that staff would take any complaint or allegation seriously, and that it would be fully investigated.

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings. The following staff were in attendance: Warden Ora Starks and PREA Compliance Manager Sherrie Smith. During the exit meeting, the auditor explained the process that would follow the on-site visit. It was explained that areas found not to meet the standards would need plans to correct them and the audit team would be working with the facility leadership team to accomplish compliance. The willingness of all staff involved to accomplish PREA compliance was acknowledged and the facility's desire to become compliant was evident; leadership commitment here is very strong.

Facility Characteristics

Bolivar Correctional Center is located in Cleveland, Mississippi, a city in northwest Mississippi. The facility operates under the umbrella of the Mississippi Department of Corrections but is owned by Bolivar County. The facility was in good condition and appeared to be well maintained and staffed.

At the time of the audit, the facility inmate count was 294, well within the capacity of 360. All areas of the facility were reviewed during the on-site tour. The medium custody facility consists of 5 dormitory units. Additionally, 4 cells are utilized for segregation as needed. Segregation cells are not camera monitored and are checked every 15 minutes if a suicidal inmate is confined there pending transfer.

A Control Center monitors all housing zones with a very clear and direct line of sight into each, and appropriate measures have been taken for privacy in the toileting and showering areas, utilizing visual barriers in the toilet area and security-type shower curtains in showers, still allowing monitoring in a secure manner.

The facility appeared very clean, sanitary, secure, adequately staffed and well operated. During the tour, placement of the 26 cameras monitored from the Control Centers or specific Administrative Staff computers were reviewed. The camera system provides impressive clarity and all 68 cameras were well placed to limit the number of blind spots. The changes were planned in detail, are very well executed and are well-received by inmates. Housing areas are monitored from the Control Centers with roving officers making rounds through the living areas on an irregular schedule in addition to the scheduled inmate headcounts. One of the cells in the segregation area is monitored by a camera. Upon interview with staff, it was determined that there may be short periods of cross-gender viewing in the event that a suicidal or difficult inmate is placed in the monitored cell, but it would be operationally indicated until the inmate is

transferred, which is generally within the same day. Upon reviewing the camera view from the control center,

An additional advantage of the BCCF is that the facility's manageable size, excellent sightlines, safe and orderly environment, and significant contrast to life in larger prisons are a great incentive for positive inmate behavior. There are comparatively few major problems here and staff responds to those few quickly.

The facility has done an exceptional job of providing for privacy in the showering and toileting areas while maintaining security and operational functionality. Shower curtains were added to the shower area, but the ability for security monitoring remains. Separation barriers were added to the toilet areas to provide appropriate but secure privacy. The facility had very few areas in which are not viewed by camera and, for those, staffing provides appropriate supervision.

Summary of Audit Findings

Number of Standards Exceeded:	0
Number of Standards Met:	43
Number of Standards Not Met:	0

Summary of Corrective Action (if any)

1. During the audit, the telephone reporting systems and the ability to contact the Victim Advocate Agency, MSCASA (Ms. Coalition Against Sexual Assault) were tested and found inoperable for access to the MSCASA agency. Staff reported they had been tested only a week earlier and were operating, so the assumption was that storms that had seriously damaged the area just prior to the audit had damaged the system. The PCM, auditor, and contract person all coordinated a call to the telephone company, which was very responsive, and an improved capability to direct dial the Advocate without PIN numbers, charges or recordings was enabled. The phones were checked on July 2, 2019 and the Warden reports that they are working properly. This area is now compliant.
2. Screening for risk of victimization and abusiveness and 30-day Reassessment (115.41) and Use of Screening Information (115.42)
 - a. There are 2 screening checklists being completed at intake, one by Intake and one by the nurse but neither checklist is actually being totaled for results and used to effect any data-driven custody or status recommendation/determination. Recommend the facility just choose one of the two forms to be used by all staff, and complete the scoring so that it can be used in decisions about inmate safety.
 - b. Interview of the intake officer stated offenders are themselves sometimes filling out the

PREA screening forms, and interviews with inmates confirmed this. It was recommended to the PCM that staff be further trained on the proper use of the form and that only staff fills them out. Recommend this training be documented and forwarded to the auditor.

- c. All staff were trained on the process to use a single form and to ensure only staff fill it out, and training occurred July 17, 2019.
- d. The risk assessment process of inmates is compliant; the nurse determines an assessment and recommends clearance to general population housing. Inmates sign a receipt that they have received the required information.

As of July 21, 2019, the Warden has informed the auditors that she has selected a checklist and completed training for all staff and they will be trained on the single form/document, and staff will ask all the questions themselves. Once the training is complete the documented information will be forwarded. The Warden notified the auditor that the training had been completed and the single form was effectively in use. This area is now considered compliant.

- 3. The 5-year repeats for staff background investigations were not routinely done. There were 7 staff with over 5 years of service and only one had had the check completed. All the other 6 were completed during the audit and the PCM has assumed responsibility for this function. This is now compliant.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

PREVENTION PLANNING

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

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*)

The MDOC policy regarding the Prison Rape Elimination Act mandates zero tolerance of sexual abuse and harassment and that same MDOC policy is the operational guidance for the facility. There is a local generalized PREA policy issued by the Warden. The Auditors believe, based on the interviews, the local PREA policy that the Warden has issued, and the clear guidance that the BCRCF uses the MDOC policy for its operations is adequate to make this standard compliant.

The policy outlines the agency's approach to preventing, detecting and responding to such conduct. Prohibited acts are clearly defined. Staff duties are defined within the policy. The MDOC state-wide PREA Coordinator and facility PREA Compliance Manager (a Lieutenant) were both familiar with their respective responsibilities to ensure compliance to policies by staff, and the MCRCF Compliance Manager indicated that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. The PCM also provides all PREA training to staff, inmates and volunteers/contractors and thus is involved in all phases of compliance.

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

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 OR the response to 115.12(a)-1 is "NO".) 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*)

Based on the documentation provided and interviews with the Warden and PREA Coordinator, it was determined that this facility does not contract with other facilities to house inmates assigned to their custody. This standard was found to be **NOT APPLICABLE**.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

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

for video monitoring? 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*)

The average population since the 2016 audit is 294. The staffing plan is based on a population of 300. A review was conducted of the staffing plan and standards criteria items that the facility takes into consideration while examining their plan was discussed with the facility Warden and Chief of Security. The facility has documented and made its best efforts to comply, on a daily basis, with a staffing plan that provides for adequate levels of staffing as described by this standard. Staffing levels are monitored daily by review of shift rosters. Any time the plan is not followed, the Chief of Security is notified, and it is documented. The plan is reviewed annually by the Executive Staff to include the PREA Coordinator and any recommendations are sent to the MDOC PREA Coordinator. The MDOC Regional PREA manager conducts annual visits to the facility for compliance checks and visit reviews and approves the staffing plan. Intermediate and higher-level staff are required by facility policy to conduct and document unannounced rounds, a process that is obviously conducted in daily operation as evidenced through inmate and staff interview as well as facility logs. Supervisors making Rounds were also in evidence during the Auditors' tour of the facility.

Standard 115.14: Youthful inmates

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*)

Based on the documentation provided and staff interviews, BCCF is an adult facility and does not house youthful offenders. Therefore, this standard is deemed to be NOT APPLICABLE.

Standard 115.15: Limits to cross-gender viewing and searches

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) 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?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice 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*)

The facility does not house female inmates. Based on facility policy, training curriculums, staff and inmate interviews, and documentation provided in logs, BCCF does not conduct cross-gender strip searches and/or cross-gender body cavity searches, although policy allows for exigent circumstances. There have been no instances to date but, in the event, any occur, staff are aware of the procedures and that policy defines the requirement to document such searches. Inmates are allowed to shower, perform bodily functions and change clothing without a non-medical staff of the opposite gender viewing these evolutions, especially with the implementation of curtains for the shower areas and privacy barriers in the toilet areas. Cameras are appropriately positioned to ensure privacy while maintaining a secure overall environment. Opposite gender staff are required by policy to announce their presence prior to entering the housing areas, and this was observed throughout the tour. Interviews with staff and inmates revealed that opposite gender announcements are common practice at the facility. Staff were aware of the prohibition of searching or examining a transgender or intersex inmate for the purpose of determining the inmate's genital status. As there have been no transgender inmates at the facility, policy, training documentation and staff interviews show that staff are familiar with the search procedures for this population. One observation cell viewable on a monitoring screen in the control center "tower" could result in a short time of cross-gender viewing while an inmate is on suicide precaution and is considered operationally indicated for the short time until the inmate could be transferred.

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

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*)

Although documentation reveals that inmates with disabilities are not generally housed at BCCF, the facility has a policy in place to ensure inmates with any disabilities have equal opportunity to participate in or benefit from all aspects of BCCF's efforts to prevent, detect and respond to sexual abuse and harassment. There have been cases of limited English proficiency due to education, not due to country of origin. The facility makes available written information in English, and Spanish if needed. Through staff and inmate interviews, including an interview with the regional PCM, it is clear that staff are available to ensure effective communication with inmates having difficulty reading or understanding information. The facility is compliant with this standard since interpreters are also available through MDOC to regional facilities.

One volunteer who was interviewed stated there was no training completed for him, however, signed documentation was provided acknowledging his training and understanding the rules. etc. Subsequent contact between the volunteer and the chaplain related the information that the volunteer did not understand the question about formal training but has verified that he has the required information and understanding of PREA.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks was 20.

It could not be verified that the last checks were completed within five years so auditors reviewed the files of all 7 of the staff with seniority over 5 years and only one had received the 5-year check. The other 6 were done during the visit and the PCM has now assumed that responsibility. The PCM has already completed the process to conduct all staff background checks during 2019 and to develop an employment anniversary-based system, this area is compliant.

By review of policy, interview with the staff responsible for Human Resources functions and documentation review, it was found that the facility does not hire or promote or enlist the services of any contractor who may have contact with inmates if they have committed or been convicted of any of the prohibited acts as defined in sections 1-3 of standard 115.17(a), or had any incidents of sexual harassment. New employees and potential contractors receive criminal background checks and those are

renewed every 5 years through the NCIC system. Applicants for hire or promotion are asked directly about misconduct through a separate reporting form from during the application process. Requests from employers concerning former employees are responded to by the staff responsible for the facility HR functions.

During the audit, the telephone reporting systems and the ability to contact the Victim Advocate Agency, MSCASA (Ms. Coalition Against Sexual Assault) were tested and found inoperable for access to the MSCASA agency. Staff reported they had been tested only a week earlier and were operating, so the assumption was that storms that had seriously damaged the area just prior to the audit had damaged the system. The PCM, auditor, and contract person all coordinated a call to the telephone company, which was very responsive, and an improved capability to direct dial the Advocate without PIN numbers, charges or recordings was enabled. The phones were checked on July 2, 2019, and the Warden reports that they are working properly.

This area is now compliant.

Standard 115.18: Upgrades to facilities and technologies

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*)

68 PTZ cameras, excellent monitor clarity, retention is about 13 days depending on activity levels.

During this audit cycle, there have been no major structural modifications but the video monitoring system has increased and there are 68 cameras at present. An interview with both the Sheriff and the Warden indicated that an assessment was conducted to ensure camera placement was appropriate and adequate to enhance the facility's sexual safety. The video monitoring system installed has impressive clarity and capability to monitor activities within the housing zones and other facility areas with excellent lines of sight and coverage. The staff as well as inmates confirmed during interviews that they felt safe and secure with the new camera system. Observations during the tour made it evident that the new system can observe virtually every area in the facility while still enabling the privacy in toilet and shower areas afforded by the visual barriers installed in these areas.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

In the absence of incidents, there have been no forensic examinations conducted in the past 12 months. Any allegation of sexual abuse will be referred to the local Sheriff's Department for a criminal investigation by an investigator with specific training in sexual abuse investigations. In the event it is determined that there is no crime or not enough evidence to support substantiation of a crime, it will be referred back to the facility. Per policy, and as documented on provided training records, the upper-level staff at BCCF have completed specialized training specific to conducting investigations concerning sexual safety for administrative investigations. All on-site staff have been trained in the collection and preservation of usable evidence and were able to well verbalize the steps required. The facility follows a uniform evidence collection protocol that maximizes the potential for obtaining usable physical evidence. The facility nurse has received certification as a SANE but will not conduct forensic work as part of her practice. Any inmate who is a victim of, or alleges, sexual assault will be offered access to forensic examination at no cost at Bolivar Medical Center, where a SAFE/SANE is available as referenced in facility's Memorandum of Understanding. In the event of need, or request by a victim, a trained victim advocate would be made available through the Mississippi Coalition Against Sexual Assault as documented in the current MOU. Informational postings are placed throughout the facility with contact information for the Coalition provided for the inmate population. The facility nurse has received certification as a SANE but does not conduct forensic work as part of her practice. A copy of her certification is kept in the personnel file.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Facility policy requires that an administrative or criminal investigation be conducted for any allegation of sexual abuse or harassment. Any allegation of potential criminal activity will be forwarded to the local Sheriff's Department for investigation and prosecution as warranted. All requirements of the standard are outlined in the policy published on the Mississippi Department of Corrections website as required.

During the interview with the investigator, it was evident the Sheriff's office and the facility work hand in hand to accomplish compliance with this standard. The investigator indicated he would be notified immediately and would follow the alleged victim to Bolivar Medical Center to initiate an investigation as soon as possible. The line of communication between the facility administration and the Sheriff office is outstanding.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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*)

BCCF places great emphasis on staff training. All staff receive pre-service training upon hiring, as well as annual refresher training, on the specific standards outlined in sections 1-10 of standard 115.31(a), as

well as specific training on being first responders. The 20 new staff hired this past year all received the required training and all 60 staff went through refresher training as they do on an annual basis. It was evident during the staff interviews, as well as upon review of training documentation, that staff received the training (120 hours prior to assuming duties) and were aware of their inmate protection responsibilities concerning sexual abuse and harassment incidents as well as required steps of evidence collection. Supervisors also noted in interviews that PREA topics are routine at the monthly meetings of senior staff. Review of curricula showed that training is tailored to the gender (male only) of all inmates. Training documentation reveals that staff acknowledges their understanding of the training received. All documentation is maintained within the facility files and the individual training files.

Standard 115.32: Volunteer and contractor training

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*)

All contractors and volunteers receive 8 hours training on their responsibilities under the facility's sexual abuse and harassment prevention, detection and response policies, and procedures. Training included

potential disciplinary and criminal or administrative procedures for violations. Training records and signed acknowledgment forms were reviewed to ensure compliance with the level of training required for the level of contact of the volunteer or contractor. During the interview, the Chaplain, who supervises and trains all the volunteers, confirmed the receipt of the training and communicated the requirements of reporting and response.

All contractors and volunteers who may have inmate contact receive approximately half a day training on their responsibilities under the facility's sexual abuse and harassment prevention, detection and response policies, and procedures. Training included potential disciplinary and criminal or administrative procedures for violations. Training records and signed acknowledgment forms were reviewed to ensure compliance with the training required for the level of contact of the volunteer or contractor. During the interview, the Chaplain, who supervises and trains all the volunteers, confirmed the receipt of the training and the requirements of reporting and response.

The religious volunteer contacted for interview stated there was no training completed. Signed documentation was provided but it is still unclear if volunteers actually receive the required training. The volunteer contacted for interview stated there was no training completed for him, however, signed documentation was provided that he had signed acknowledging the training and had a clear understanding of the rules. Etc. Subsequent contact between the volunteer and the chaplain related the information that the volunteer misunderstood the question about formal training but has verified that he has the required information and understanding of PREA.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Prior to arrival at BCCF, while in the MDOC reception process at the designation center, all inmates are required to receive the PREA-required information concerning sexual safety, to include reporting, response, and retaliation by video and in person. Training/education is documented in the MDOC electronic inmate file. Random and Intake staff interviewed, and supervisors indicated that this training is routinely completed during that reception process.

During the BCCF intake process, due to changes, the Warden initiated since the last Audit, inmates now receive both basic and additional information explaining the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Much of this information is also included in the Handbook issued during Intake and the information is also disseminated by the Case Manager in a pamphlet format as well as the handbook. The BCCF nurse, who is a SANE, is also involved in asking the PREA-related risk assessment questions asked during Intake and is clearing inmates for general population housing.

Additional postings and signage are located throughout the facility, readily and continuously available in English and Spanish if needed. During the intake process, the inmate is questioned to verify receipt of training while in MDOC reception process, and previous education and training is verified and noted in the inmate file. If there is no verification in the file or from the inmate, the entire intake PREA training is given and documented.

BCCF does not receive inmates who have limited English proficiency, or who are deaf, visually impaired or otherwise disabled. If received, staff are available to personally assist the inmate with accessing services available either through Delta State University Foreign Language Department. Interpreter services are also available from MDOC headquarters, either by phone or through in-person visits to the facility. These inmates would generally be immediately transferred to the Mississippi State Prison at Parchman for confinement and care if their needs are significant.

Since the revamping of Intake by the Warden, the facility is now doing a good job in providing the required offender education per the elements of the standard. The inmates are now receiving PREA education and their Handbook upon arrival to the facility at intake. The auditors have been provided current copies of documents signed by inmates indicating they have received these and understand what they have been trained/given.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Based on a review of the facility policy, training curriculum and investigative staff interviews, investigative staff have received additional specialized training in conducting investigations in a confinement setting in addition to general training provided for all employees. The PREA-trained investigator is a detective who completed the NIC PREA investigator training.

In the event of an allegation, this facility Sheriff's Investigator has received specialized training in 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. All training is documented in the training record maintained by the facility. There is an excellent relationship between the investigative staff and senior facility leadership.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No

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

Auditor Overall Compliance Determination

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

Specialized training is provided as required for the single fulltime and single parttime RNs assigned as the medical staff. The facility nurse has received certification as a SANE but as part of her professional qualifications, and she does not conduct forensic work.

It was verified through review of policy requirements, training records and interview of the single medical staff member that training is received concerning how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, effectively responding, and how and to whom to report. Forensic examinations are not conducted by on-site staff. Training is documented and maintained in the facility training record. Mental Health Services are provided through the Mississippi Department of Corrections and an offender requiring such service would be transferred to the State prison system.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

There were 155 inmates entering the facility this past year, for over 72 hours, who were screened for risk. As required by the policy and standard, all inmates are screened upon intake at the regional MDOC Reception Facility for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates; they also receive their first reassessment there since they are normally there several months. The screening tool considers whether the inmate has a mental, physical, or developmental disability, age, build, previous incarceration, prior sex offenses, criminal history, previous victimization, and whether the inmate is detained solely for civil immigration purposes. If so, these inmates are retained in MDOC and not sent to an RCF.

Although the case manager utilizes an assessment that is appropriate, the nurse also asks the PREA questions regarding sexual identity, LGBTI status, assault history, etc., and the nurse actually clears the inmates for a housing assignment. The Auditor reviewed 10 documented inmate classification files and assessment data in the electronic inmate records system of the Case Manager. The intake officer interview stated some offenders are filling out the PREA screening forms themselves, which were not being scored or used in any assignments; interviews with inmates confirmed this. It was recommended to the PCM that staff is trained on the proper use of the form and fill it out themselves and this was accomplished shortly after the audit on-site visit. New forms and training records were provided the auditors.

As required by the policy and standard, all inmates transferred into a facility are supposed to be screened upon intake for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. During intake, immediately upon arrival, the screening tool needs to be utilized which considers whether the inmate has a mental, physical, or developmental disability, age, build, previous incarceration, prior sex offenses, criminal history, previous victimization, and whether the inmate is detained solely for civil immigration purposes. Additionally, the intake review should consider whether the inmate is or is perceived to be gay, bisexual, transgender, intersex or gender nonconforming, as well as his own perception of vulnerability.

Inmates are not disciplined for refusing to answer, or for not disclosing information in response to questions from the screening tool. All information that is gathered is maintained appropriately and sensitive information is not exploited to the inmate's detriment by staff or other inmates. Information collected on the screening instrument is restricted to staff making housing, work or program assignments.

As of ,July 9, 2019, the Warden has informed the auditors that she has selected a single checklist and training for all staff and completed. They will be utilizing a single uniform screening checklist and staff will ask all the questions themselves. Corrective action for the facility also included the need to complete and use the scoring mechanism to show the outcome of the assessment and help indicate what action should be taken if the offender is identified as High Risk for Sexual Victimization or High Risk for Predatory Behavior. This is included in the training just completed. The Warden notified the auditor that the training had been completed and the single form was effectively in use.

This area is now compliant.

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

Auditor Overall Compliance Determination

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

As required by facility policy and indicated through staff interviews, BCCF gathers much of the necessary information from the risk screening but it was not often used to determine housing, bed, work, and program assignments towards the goal of separating inmates determined at high risk of being sexually victimized from those at risk of being sexually abusive. Staff conducting risk screening has no knowledge how to utilize the information gathered from the screening tool to determine the level of risk of the inmate prior to housing assignment, a usage level primarily driven by the absence of targeted types of higher-risk inmates at RCFs.

The nurse asks primary questions relative to PREA and then enters on her disposition (at the bottom of her form) which reads "inmate (is/is not) appropriate for the general population".

Currently, housing and bed assignment is based on vacant beds due to the infrequent incidents in facility history. Once confined, staff identification of any potential predators or victims results in the swift notification to senior staff for individualized determinations of how to ensure the safety of each inmate, but this may be deferred for up to one month.

Transgender or intersex inmates are not assigned here but to a larger institution with more resources for housing and programming to ensure inmate health and safety. If ever assigned here, all assignments would be reassessed twice yearly to review safety, with the inmate's own views of safety given serious consideration. Although the facility has not received transgender or intersex inmates, facility policy provides the opportunity to shower separately from other inmates and facility staff were familiar with this requirement. Inmates are not placed in dedicated facilities, units or wings solely on the basis of the identification or status of lesbian, gay, bisexual, transgender, or intersex.

In addition to utilizing an appropriate assessment, the facility also now uses the results from the assessment to determine housing, job assignment, etc. The results of the assessment are submitted to case management in regards to job assignment and housing assignment and will be reviewed by supervisors.

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

There were no instances of the use of involuntary segregated housing in the past 12 months.

BCCF policy outlines procedures to ensure inmates at risk of sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made. There have been no cases of inmates placed in involuntary segregation for risk of sexual victimization. Staff and inmate interviews and files documentation revealed no incidents of involuntary segregated housing being used for this purpose at this facility. Housing assignments to the smaller housing zone are made for older inmates, but protective custody is used very sparingly. The size of the population at this facility is a distinct advantage as a staff is readily aware of most inmates individually as well as being aware of their unique circumstances. Although there have been no incidents or allegations at this facility in the past 12 months, staff were aware of the requirements of the standard as well as the facility policy.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

During the audit, the telephone reporting systems and the ability to contact the Victim Advocate Agency, MSCASA (Ms. Coalition Against Sexual Assault) were tested and found inoperable for access to the MSCASA agency. Staff reported they had been tested only a week earlier and were operating, so the assumption was that storms that had seriously damaged the area just prior to the audit had damaged the system. The PCM, auditor, and contract person all coordinated a call to the telephone company, which was very responsive, and an improved capability to direct dial the Advocate without PIN numbers, charges or recordings was enabled. The phones were checked on July 2, 2019, and the Warden reports that they are working properly. This area is now compliant.

Multiple avenues are provided to the inmate population for reporting purposes, to include mail, free telephone services to internal or external agencies, and directly to any staff member or third party who can report back to the facility. The contact information for the external agency is posted throughout the facility and listed in the inmate handbook; all inmates interviewed were aware of the number. Inmates may remain anonymous by using the external agency or by submitting an anonymous 'chit'. Staff knew the methods to report and all interviews stated that they would be comfortable doing so.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

The offender handbook describes PREA requirements in the Administrative Remedy Process (ARP) and is now addressed as exempted from restrictions in the time frames required by the ARP standard. There have been no grievances filed in the past 12 months that alleged sexual abuse. Information on reporting via third parties is posted in visiting areas and is on the web site. The ARP filing can be to any staff member and can bypass any staff member who might be involved.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

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

The facility provides the inmate population with access to outside victim advocates for emotional support services related to sexual abuse through the Mississippi Coalition Against Sexual Abuse by way of a current valid Memorandum of Understanding. As viewed during the facility tour and documented in the inmate handbook and facility policy, mailing addresses and toll-free hotline numbers are provided to the inmate population. Based on an issue noted during the auditor tour, facility postings have been revised to inform inmates of the extent to which reports of abuse will be forwarded to authorities and the degree to which communications are monitored. There is a dedicated statewide Victim Advocate for inmates and she responds to every request. There is also a network of agreements between her and local rape crisis centers throughout the state for urgent or emerging issues, but many of these centers are rural and not located near MDOC facilities. The Victim Advocate indicated in her interview that she would attempt to use an area crisis center in an emergency but would, in any event, be immediately available and present no later than the following morning. The Victim Advocate noted during the interview that no reports, no requests for advocacy, and that no incidents had occurred at MCRCF in the past year or even several years prior to that. The Victim Advocate also noted that she has received no calls from the Bolivar regional facility due to the nature of their inmates and the design of the facility.

As viewed during the facility site review and documented in the inmate handbook and facility policy, mailing addresses and toll-free hotline numbers are provided to the inmate population. The MSCASA phone number is currently used by third-party reporters, family members, friends, other outside persons that the inmate has provided the phone number to (or info obtained from our website) and asked the third-party to call on their behalf.

During the audit, the telephone reporting systems and the ability to contact the Victim Advocate Agency, MSCASA (Ms. Coalition Against Sexual Assault) were tested and found inoperable for access to the MSCASA agency. Staff reported they had been tested only a week earlier and were operating, so the assumption was that storms that had seriously damaged the area just prior to the audit had damaged the system. The PCM, auditor, and contract person all coordinated a call to the telephone company, which was very responsive, and an improved capability to direct dial the Advocate without PIN numbers, charges or recordings was enabled. The phones were checked on July 2, 2019, and the Warden reports that they are working properly. This area is now compliant.

Standard 115.54: Third-party reporting

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*)

The facility provides information concerning third-party reporting directly to the facility or through the Mississippi Coalition Against Sexual Abuse to the general public on the Mississippi Department of Corrections website, as well as in the handbook and on postings in the telephone areas for the inmate population of each housing zone. The facility takes all reports seriously no matter the method of reporting and each reported incident is investigated. The facility has also placed the information for 3rd party reporting visible to visitors (either in the visitation room or in the front corridor).

The facility provides information concerning third-party reporting directly to the facility or through the Mississippi Coalition Against Sexual Abuse (MCASA) to the general public on the Mississippi Department of Corrections website, as well as in the handbook and on postings in the telephone areas for the inmate population of each housing zone. The PREA TipLine number is without cost to inmates and they are able to leave a message for the PREA Coordinator to follow up with reporting and move forward with an investigation. PREA tip lines within the facilities are free and are managed by the MDOC PREA Coordinator and the PREA Compliance Managers. It is noted again that in MDOC facilities, not regional facilities, all PREA staff are assigned under the DOC investigation organization, not the facility.

The facility takes all reports seriously no matter the method of reporting and each reported incident is investigated. The MDOC information posted in all units indicates the ability and information needed to report this type of incident to MDOC headquarters staff as well. Facility postings inform inmates of the extent to which reports of abuse will be forwarded to authorities and the degree to which communications are monitored. Reports can be made to an internally-sponsored number that sends call information directly to the MDOC Regional PCM cellphone. Anonymous reports can be made to the MDOC sponsored phone number or the Victim Advocacy agency.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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*)

The facility requires all staff (to include medical and mental health practitioners unless precluded by law) to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than those necessary. Random staff interviews confirmed staff awareness of their responsibility for the immediate reporting requirement and not disclosing information of allegations except in the investigation.

Standard 115.62: Agency protection duties

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*)

The facility policy requires staff to take immediate action to protect any inmate subject to the risk of imminent sexual abuse. During interviews, staff were aware of the steps to take to protect an inmate as well as first responder procedures. Extensive training concerning this topic was evident throughout all positions at the facility. Random questions to staff during the tour gave the same results, that they were aware of the steps and processes required. If necessary in order to protect an inmate, BCCF may also transport aggressive inmates to an MDOC parent facility where more housing and treatment options would be available if needed. No staff interviewed could recall any sexual incidents for numerous years, well over a decade, including longer-term staff.

If necessary, in order to protect an inmate, MCRCF will transport aggressive inmates to an MDOC parent facility where more housing and treatment options would be available if needed.

Standard 115.63: Reporting to other confinement facilities

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*)

Facility policy requires that documented notification by the Warden occur within 72 hours to the appropriate agency upon receiving an allegation that an inmate was sexually abused while confined at that facility, in order to ensure it was investigated. There have been no instances to date, but during an interview with the facility Warden and senior security personnel, familiarity with the required procedure was demonstrated.

There have been no allegations of abuse forwarded from other institutions in the past 12 months.

Standard 115.64: Staff first responder duties

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*)

There have been no allegations of sexual abuse in the past 12 months. BCCF policy specifically outlines the detailed procedures for all staff to respond to an allegation that an inmate was sexually abused in accordance with the standard. All facility staff are trained as first responders and were aware of their expected duties to include protection and separation, evidence preservation and collection, medical assessment and treatment if needed. Staff have received required training specific to these duties as confirmed through training rosters as well as staff interviews. Staff also have been provided a First Responder card with required steps.

Standard 115.65: Coordinated response

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*)

The facility has developed and implemented an institutional plan through the facility policy to coordinate actions of staff in response to an incident of sexual abuse. Interviews with Specialized Staff and intermediate level managers confirmed that all were knowledgeable concerning the response plan and the specific duties of each.

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

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*)

The agency has not entered into any agreements limiting 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 discipline warranted. Employees are subject to disciplinary sanctions up to termination for violating the BCCF Policy regarding sexual abuse and harassment. Leadership interviewed stated that no agreements that included such limitations would be entertained, according to both PREA Standards and BCCF policy. Staff are Sheriff's employees and subject to his decisions on retention in any event.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

As defined in facility policy, multiple protection measures such as housing changes, transfers to a larger MDOC facility, emotional support services and removal of perpetrators have been put in place to protect all inmates and staff who report sexual abuse or harassment from retaliation. In the event of an allegation of sexual abuse, monitoring for retaliation would currently be provided by the Assistant PCM assigned as the designated Retaliation Monitor. She has not had to conduct any monitoring but was familiar with the process during her interview. Monitoring is ongoing for a minimum of 90 days with periodic status checks unless additional time is warranted or the monitoring is terminated due to the allegation being determined unfounded. During the interviews and records review, it was determined there is already a form in place to be used for such monitoring.

Standard 115.68: Post-allegation protective custody

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*)

At BCCF there have been no inmates placed in involuntary restrictive housing for protection following an allegation of sexual abuse in the past 12 months. Facility policy outlines that housing in involuntary restrictive housing occurs only when no alternatives are available for separation and safety purposes. The policy also states that the segregation, if used, will be very short-term or will include the provision of programs and privileges being offered. Generally, an inmate would be transferred to the MDOC facility for housing to ensure safety if needed. Interviews with specialized staff confirmed this procedure and understanding of policy.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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*)

The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months is zero due to the absence of allegations of any abuse.

Any allegation of sexual abuse, no matter the method used to report, is immediately referred to the Sheriff's law enforcement investigators for criminal investigation, with cooperation from facility staff investigators and leadership. In the event the incident cannot be proven, it may be referred back to the facility for Administrative Investigation by the Warden or Chief of Security both of whom have received appropriate and documented training. Upon interview and documentation review of the local Sheriff's Department Investigator, it was determined that substantial training had been received concerning sexual abuse investigations, evidence collection, and preservation. All investigators and senior staff interviewed stated that any allegations found to be substantiated would be referred for prosecution and any departure of the alleged abuser or victim would not terminate the investigation. Facility policy requires that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and not be determined by any inmate status.

Complete investigative reports are required to be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Law enforcement investigation records are retained indefinitely by the Sheriff's office.

Standard 115.72: Evidentiary standard for administrative investigations

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*)

BCCF policy requires that the 'preponderance of evidence' standard be used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigative staff interviewed verified this as the measure they utilize. In the absence of such events having occurred, auditors relied on policy and interviews regarding the assessment of this standard.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Per facility policy, BCCF has the responsibility to inform the reporting inmate as to whether his allegation was determined to be substantiated, unsubstantiated or unfounded. Following an allegation that a staff member has committed sexual against the inmate, the agency will inform the inmate in writing if the staff is no longer posted in the unit or no longer employed at the facility; and if they have been indicted or convicted. If it involved another inmate, while in custody, the victim would be notified in writing

whenever the alleged abuser was indicted or convicted. Although there have been no allegations thus far to be reported, intermediate and higher-level staff and PREA staff indicated in their interviews they were aware of the requirement and the procedures to follow.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

No staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies, nor have any been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. There have been no allegations of sexual abuse within the past year.

At BCCF, staff are subject to disciplinary sanctions, to include termination, for violating the facility sexual abuse or harassment policies. Termination is the presumptive disciplinary sanction for staff and that policy is reaffirmed in staff training and on acknowledgment documents with staff signatures throughout the hiring process. Disciplinary sanctions for violations related to sexual abuse are commensurate with the circumstances of the acts and all terminations (and 'in-lieu-of' resignations) related to sexual abuse will be reported to local law enforcement and relevant licensing bodies, unless determined to be not criminal acts. The departure of the staff does not halt the investigative process.

Standard 115.77: Corrective action for contractors and volunteers

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

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

In the past 12 months, no administrative or criminal findings of guilt of inmate-on-inmate sexual abuse occurred at the facility since no allegations were made.

The facility policy, and as reported during random and supervisory staff interviews, inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that an inmate engaged in sexual misconduct. The disciplinary process does consider whether an inmate's mental disability or illness contributed to his behavior when determining the type of sanction, and all sanctions are to be commensurate with the nature of the abuse committed, the inmate's history and comparable offenses of other inmates. The disciplinary process clearly defines the ability to hold an inmate accountable for sexual contact with staff only upon concluding that staff did not consent to such contact. All interviews mentioned that good faith reports of sexual abuse, based on a reasonable belief, would not constitute false reporting.

MEDICAL AND MENTAL CARE

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

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*)

Any inmate disclosing prior sexual abuse, whether the victim or perpetrator, while incarcerated or at any other time, will be seen by a medical practitioner very quickly after these staffs are notified. Informed consent is obtained prior to reporting prior victimization of adults which occurred outside the institution setting. Upon interview of medical staff and review of facility policy, it is evident that information related to sexual victimization or abusiveness occurring in the institutional setting would be strictly limited to those staff required to provide appropriate care and program/housing assignments. Extensive Mental Health Services are provided through the Mississippi Department of Corrections facilities, as needed, and inmates with significant needs would be transferred back into the larger State system.

Standard 115.82: Access to emergency medical and mental health services

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*)

MDOC and BCCF policies mandate immediate and unimpeded access to medical and mental health services, to include crisis intervention and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, for all alleged victims of sexual abuse at no cost to the inmate. Although emergency care would be provided at Bolivar Medical Center, if a situation required extensive or long-term treatment, the inmate would be moved to a prison with a larger medical or mental health unit for stability and treatment.

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

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

Based on medical staff interview and BCCF policy, the facility will offer medical evaluation, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any correctional setting without cost, as verified in interviews with the Warden, PCM, and nurse. The evaluation and treatment of such victims will include appropriate follow-up services, treatment plans, and referrals when necessary; and all are to be consistent with the community level of care. Inmates receive access to sexually transmitted infection prophylaxis and emergency medical or treatment services at no cost. Due to BCCF being an all-male facility, sections (d-e) of this Standard are not applicable.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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*)

Facility policy requires a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including those where the allegation has not been substantiated, and no review if the allegation has been determined to be unfounded. The review team includes the upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Although there have been no incident reviews to date, due to no allegations having been made, interview with staff that would be included on the incident review team, to include the Warden and PREA Compliance Manager, confirm familiarity with the policy requirement and all considerations that must be reviewed in compliance with the standard.

Standard 115.87: Data collection

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*)

Based on PREA Coordinator staff interviews, with staff from both State and BCCF levels, and policy requirements listed, the facility will collect accurate, uniform data for every allegation of sexual abuse using the standardized instrument and set of definitions form the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility maintains, reviews, collects, aggregates and provides all incident-based sexual abuse data to the Department of Justice by August 30th annually. BCCF does not contract the confinement of its inmates to any private facility.

Standard 115.88: Data review for corrective action

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*)

BCCF policy requires the review of data collected and aggregated to assess and improve the effectiveness of its abuse prevention, detection and response policies, and training. A report is prepared annually for the facility to compare the current and prior year's data. Although there have been no incidents, other aggregate information is reviewed to seek improvements and submitted to the MDOC for inclusion in their annual reporting and publishing for the State of Mississippi. The PREA Compliance Manager and Warden indicated having prepared the report that is on the website. <http://www.mdoc.ms.gov>.

Standard 115.89: Data storage, publication, and destruction

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*)

Facility policy requires that all case records concerning claims of sexual abuse, to include incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for treatment are securely retained for a minimum of 10 years after the date of the initial collection unless otherwise required by law. Provided documentation shows that aggregated sexual abuse data under the MDOC is made readily available to the public at least annually through the agency website, following the removal of all personal identifiers.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

This initial audit was managed by the facility to enable all auditor access desired or requested and all postings were made on schedule to permit correspondence but none was received from this facility.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Data is published and the website is <http://www.mdoc.ms.gov>.

AUDITOR CERTIFICATION

I certify that:

I certify t

- 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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

William E Peck

July 21, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.