

PREA AUDIT REPORT ☐ Interim ☒ Final
ADULT PRISONS & JAILS

Date of report: September 3, 2016

Auditor Information			
Auditor name: Edward Martin			
Address: 725 Appomattox Trace Rd, Powhatan, VA 23139			
Email: tymartin99@yahoo.com			
Telephone number: 804-592-7732			
Date of facility visit: August 15 – August 16, 2016			
Facility Information			
Facility name: Winston-Choctaw County Regional Correctional Facility			
Facility physical address: 2460 Highway 25 North, Louisville, MS 39339			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 662-773-2528			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Neal Higgason			
Number of staff assigned to the facility in the last 12 months: 72 – 28 hired in the last 12 months with inmate contact			
Designed facility capacity: 280			
Current population of facility: 200			
Facility security levels/inmate custody levels: medium			
Age range of the population: 20 +			
Name of PREA Compliance Manager: Patricia Whitcomb		Title: Deputy Warden	
Email address: pwhitcomb@winstoncounty.org		Telephone number: 662-773-2528	
Agency Information			
Name of agency: Winston County Sheriff's Department			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2460 Highway 25 North, Louisville, MS 39339			
Mailing address: <i>(if different from above)</i> P.O. Box 925			
Telephone number: 662-773-5811			
Agency Chief Executive Officer			
Name: Jason Pugh		Title: Sheriff	
Email address: jpugh@winstoncounty.org		Telephone number: 662-773-5811	
Agency-Wide PREA Coordinator			
Name: Patricia Whitcomb – This is a “One Facility” Agency		Title: Deputy Warden	
Email address: pwhitcomb@winstoncounty.org		Telephone number: 662-773-2528	

AUDIT FINDINGS

NARRATIVE

The onsite PREA Audit of Winston-Choctaw County Regional Correctional Facility in Louisville, Mississippi was conducted August 15 – 16, 2016 by Department of Justice Certified PREA Auditor Edward Martin. Prior to the onsite visit, the facility PREA Compliance Manager provided the auditor the PREA Pre-Audit Questionnaire which included uploaded policy/procedure and facility documentation pertinent to each PREA standard for review. Following review of this documentation and in preparation for the onsite visit, the auditor and the Compliance Manager engaged in ongoing contacts concerning additional items needed and necessary modifications of the documentation and procedures which had been presented.

The onsite audit began with a very brief entrance meeting on August 15, 2016 at 8:30 a.m. The following persons were in the meeting:

Sheriff Jason Pugh
Warden Neal Higgason
Deputy Warden Patricia Whitcomb
Trendia Hudson, MDOC Compliance Monitor
Ed Hargett, Consultant
Marcia Stingley, Statewide PREA Coordinator
Patrick Hall, Medical Supervisor
Terrance Watt, Chief of Security

Following the entrance meeting, the group toured the entire facility from 8:45 a.m. through 11:00 a.m. During the tour the auditor observed the physical plant layout, staff locations, PREA poster placement, camera placement and coverage, inmate privacy provisions, blind spots and Staff/Inmate interactions. Staff and inmates were questioned during the tour relative to their knowledge of the zero tolerance policy, reporting processes and responsibilities, available services and personal privacy issues. All housing units, dayrooms, work areas, program areas and other areas where inmates have access were toured. Considerable time was taken on the tour while the Intake Officer walked the auditor through the intake areas and the intake documentation processes. The auditor was also able to observe inmates being processed from beginning to end the second day of the On Site visit. All staff and inmates interviewed during tour and during formal interviews verified training is taking place covering rights and responsibilities in reporting sexual abuse, sexual harassment and retaliation monitoring. All inmates reported they feel safe at this facility. They also feel comfortable with their ability to report incidents to staff and confident staff will act in accordance with policy.

A total of eighteen (18) staff members were interviewed during the tour. This number includes ten (10) random staff, Intermediate Level Staff, Medical Staff, Human Resources, Investigator, Staff Who Screen For Risk of Victimization, Incident Review Team, Retaliation Monitor and Intake Staff. There are no SAFE/SANE staff at this facility, no Volunteers or Contract staff were present during the onsite visit, there have been no cross gender visual searches, Staff in Restricted Housing do not detain PREA related inmates, and there have been no First Responders as there have been no PREA allegations.

A total of ten (10) random inmates were interviewed. There are five (5) living units but only four (4) are occupied. To get a sample of inmates from each, the auditor randomly selected three (3) from each of two living units and two (2) from each of the other two living units. The Mississippi Department of Corrections Contract Monitor stated inmates sent to this facility are selectively screened for placement at Winston-Choctaw. They have few medical needs, no mental health needs, no disabilities or communication issues, are not transgender or intersex, and none are youthful offenders. There have been no PREA allegations at this facility before or during the PREA audit period. Therefore, as a result of this selective placement process, the auditor only had Random inmates to interview.

As stated, there have been no PREA allegations prior to or within the 12 month audit period. While the selection process for inmates does screen out most potentially problematic inmates, the auditor must acknowledge the impressive efforts of the staff at this facility to maintain a safe and secure environment. Warden Higgason has developed a close knit Team of people who care about providing inmates with quality services and supervision. PREA requirements have been accepted as a “want to” project; not a “have to” one. PREA has received priority as highlighted by the designation of the position of Deputy Warden as PREA Compliance Manager. Also noteworthy is the Sheriff’s involvement and acceptance of the requirements. He is knowledgeable of the PREA Standards requirements and has been supportive of modifications which have been necessary for their implementation.

At the conclusion of the On Site Visit, an exit meeting was conducted with Warden Higgason and Deputy Warden (PREA Compliance Manager) Whitcomb. The auditor reviewed the findings and the plans of action Ms Whitcomb had already developed to accomplish compliance. The auditor advised them he would be available for them as a resource should they encounter any issues in implementing their corrective action plans.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Winston-Choctaw County Regional Correctional Facility is a regional county jail owned by Winston County and located in Louisville, Mississippi. It has a capacity of two hundred eighty (280) and is under contract with the Mississippi Department of Corrections to house medium security male inmates. At the time of the audit, the inmate count was two hundred (200). The State inmates are housed in double bunked fifty-six (56) bed open dormitories. Four of the dormitories are on either side of and at one end of an open corridor. The fifth dormitory is at the other end of the corridor. One of the units was unoccupied at the time of the audit. The corridor contains the education classroom, laundry, library and food service departments. A central control pod is located at the end of the corridor adjacent to the single dormitory. There are two fixed officer posts in the corridor which provide line of sight supervision into the living areas on either side of the corridor. The living unit at the other end has a security staff member assigned inside the unit. Security staff are also assigned as rovers who supervise inmate activities. There is a separate multipurpose building utilized as indoor recreation, religious programs and office space. Outside recreation consists of one yard which is covered by cameras and staff supervision. The entire compound is enclosed within a double security fence. There are forty-two (42) full time and two (2) part time staff positions. One (1) full time is currently vacant. Security staff consist of twenty-nine (29) full time and two (2) part time employees.

SUMMARY OF AUDIT FINDINGS

As stated earlier in this report, there have been no PREA allegations prior to or within the 12 month audit period at Winston-Choctaw County Regional Correctional Facility.

At the time the auditor received the Pre-Audit Questionnaire, inmates were not receiving a DVD presentation of PREA unless the inmates indicated they had not received it in the Mississippi Department of Corrections facility. They were given a brief verbal orientation at Winston-Choctaw. The auditor advised them of the requirement and Town Hall meetings were conducted immediately to show the comprehensive DVD to all inmates. The auditor verified this with interviews and review of inmate attendance rosters. Since that time, all new intakes have seen the DVD during Intake. Also verified by the auditor with inmate attendance rosters and inmate interviews.

One issue was noted concerning the physical plant during the tour. There is a window in Central Control viewing a holding cell. If a female staff member is assigned to Central Control, she will have constant view of the male inmate in that cell. Warden Higgason had a curtain installed over the window to provide privacy and advised the auditor only male officers will be scheduled to supervise inmates in that cell.

Inmate interviews indicated they are well informed of zero tolerance policies, reporting procedures and methods, crisis counseling contact numbers and confidentiality. They were not aware of the crisis center's programs. When advised of the inmates' lack of knowledge of the crisis center's programs, the PREA Compliance Manager posted the program information in each living area and included it in the Intake documents. The auditor observed inmates being processed at Intake, reviewed the Intake issued documents and interviewed inmates to verify a comprehensive PREA orientation at intake screening occurs within three (3) hours of arrival. Observation verified security staff are providing sight supervision of inmates during this period. All inmates stated they feel safe and staff are responsive to their needs.

Staff interviews and training file review indicated they receive PREA training before reporting for duty in Orientation and once a year thereafter. They were well oriented to the Zero Tolerance Policy and First Responder duties but had forgotten that transgender and intersex inmates may ask to shower alone and were unsure if inmate interpreters could be used. Staff were reoriented to these standards during the On Site visit. Their orientation was confirmed by review of class rosters. The topics are already part of the Orientation and In-Service Training curriculum. Observation of staff interaction with inmates and staff interviews demonstrate inmate safety and security is a high priority.

The auditor made telephone contact with Just Detention International and Mississippi Coalition Against Sexual Assault (Crisis Center) concerning possible contacts from Winston-Choctaw. They have not received any contacts from or concerning inmates at this facility but have been involved with the facility administration in establishing procedures should they be contacted.

To reiterate what was stated previously, The facility Administration has placed a high level of priority on implementing PREA Standard requirements which has been well received by the line staff. There is truly a Team effort in this regard.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.11 (a) – (c) The Agency is required to follow Mississippi Department of Corrections (MDOC) Policy and Procedure MDOC 20-14-01 PREA requiring Zero Tolerance for sexual abuse and sexual harassment. The policy outlines the agency's procedures for prevention, detection and response to this type behavior. The policy is utilized as the guideline for staff and inmate training requirements. Review of training curriculum, staff training records and staff interviews confirm the requirements are being met.

The facility is a small Regional Facility with limited resources, however, Warden Higgason has elected to assign the position of PREA Compliance Manager to his Deputy Warden, Ms Patricia Whitcomb. Assignment of these duties to this level administrator is indicative of the emphasis being placed on compliance with PREA Standards at this facility. The auditor feels this assignment in this size facility exceeds the standard requirements.

This is a "one" facility agency (Sheriff's Department) contracting with the Mississippi Department of Corrections. Therefore, Ms Whitcomb is the single PREA compliance person for the agency.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Based on documentation and interview with the Warden, Winston-Choctaw does not contract with other facilities to house inmates assigned to their facility. Mississippi Department of Corrections (MDOC) policy addresses this standard verbatim. Policy and procedure are, therefore, in place should the facility ever contract with other entities. They comply with the standard.

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Review consisted of facility documentation, staff interviews and MDOC policy and procedure.

115.13 (a) The facility provided documentation of its staffing pattern being developed as required by standard. Video monitoring has been reviewed by facility and MDOC personnel and upgraded as necessary to provide for enhancement of inmate safety. Staffing is monitored daily by Shift Supervisors and the Chief of Security to PREA designated posts are properly manned. The auditor reviewed the Shift reports to verify documentation. They comply with (a).

115.13 (b) There is a form utilized by the Shift Supervisors to document daily staff attendance and post assignments. Procedures and forms are in place to fill positions if assigned staff call in unable to attend and report the action taken to the Chief of Security. The PREA designated posts have been staffed during the past 12 months as a result of these procedures as confirmed by review of daily Shift staffing reports and interview with the Deputy Warden and Shift Supervisors. The facility has demonstrated compliance.

115.13 (c) The staffing plan, video monitors and resources to ensure staffing pattern compliance are reviewed annually by facility personnel are documented and it is also documented these topics are reviewed by MDOC on their Facility Visit Form. They comply with (c).

115.13 (d) Review of MDOC policy 14-20-01 which addresses the standard word for word, unannounced PREA Rounds Log In forms and staff and inmate interviews indicate random unannounced visits are being conducted on all shifts and are in compliance with standards and MDOC policy.

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Based on discussions with the MDOC Compliance Monitor and Warden, Winston-Choctaw does not house Youthful offenders. None have been there before or during the 12 month audit period. MDOC policy 20-14-01 addresses this standard. There is a procedure in place should the facility ever receive a youthful offender. They comply with this standard.

Standard 115.15 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

115.15 (a) Facility (MDOC policy 20-14-01) specifies procedures for searches identified in this standard which comply with the standard requirements verbatim. Training curriculum reviewed also complies with the standard. There have been no instances of cross gender strip or cavity searches so no documentation of such has been required. They comply with (a)

115.15 (b) The facility rated capacity has always exceeded 50. This part of the standard is non-applicable

115.15 (c) MDOC policy requires documentation of cross gender strip searches but none have occurred. They comply to date.

115.15 (d) MDOC policy and procedure is in place and complies with the standard. Staff of opposite gender always announce when entering the unit as confirmed in staff and inmate interviews and auditor observation. Physical plant modifications of shower, toilet and urinal areas have been made, however, the tour indicated a need to cover a viewing window between Central Control and a holding cell to comply with privacy requirements. The week after the Onsite Visit, the auditor received a photo of a curtain which had been added to prevent cross gender viewing. They now comply with (d)

115.15 (e) MDOC policy 20-14-01, training curriculum and staff interviews confirm staff are prohibited from physically examining transgender and intersex inmates for the sole purpose of determining genital status. Medical procedures are outlined in MDOC policy for this purpose. Based on discussions with the MDOC Contact Monitor and interviews with the Warden and Deputy Warden, it seems unlikely this facility will receive inmates whose sexual status has not already been identified. Inmates sent to this facility are well screened prior to arrival from Mississippi Department of Corrections. They comply with (e)

115.15 (f) Based on review of the training curriculum, cross gender pat down searches and searches of transgender and intersex inmates is taught per PREA standard requirements. Staff interviews indicated all staff did not recall search procedures for transgender and intersex inmates. As a result, the auditor required all staff to receive refresher training. Review of class rosters following the On-site Visit indicate the refresher training has been completed. They comply with (f)

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.16 (a) The facility in complying with MDOC 20-14-01 has procedures for ensuring compliance with this portion of the standard. Interviews with Intake staff, review of screening forms and auditor observation of the intake process demonstrate they are in compliance. Discussion with the MDOC Contract Monitor indicated inmates with special needs would not be placed at this facility. They comply.

115.16 (b) As with (a), procedures are in place to comply with this standard. Again, MDOC will screen inmates out of placement at this facility if their English skills are limited. Auditor confirmed no inmates have English skill issues by interviews with the Warden and inmates. They are in compliance.

115.16 (c) Training curriculum indicates staff are advised not to use inmate interpreters in PREA related issues, however, on-site interviews with staff indicated many had forgotten the restriction. The auditor required staff be retrained in this topic. Class rosters have been received by the auditor which indicate all staff have received the refresher training. They comply with (c)

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Interviews with the Warden and the Human Resources Manager, review of personnel processing documents and samples of staff personnel files were used to determine status of this standard. NCIC Requests, Background Report, Employee Verification Report, Examples of Hiring and Promotion Decision Making memos, Staff Handbook and Applicant Release of Information Forms were specifically reviewed.

115.17 (a) Employment application and applicant interview screening forms contain the topics listed in this standard. Background checks are also conducted on all applicants. They comply with (a)

115.17 (b) A screening form is used which contains the topics in the standard. They comply.

115.17 (c) Background checks are conducted on all applicants. Attempts are made to contact prior employers and references. Documentation is in place. They comply with (c)

115.17 (d) Random Contractor background checks were reviewed. They are in compliance.

115.17 (e) Review of the 5 year NCIC requirement is in policy and were reviewed. They are in compliance.

115.17 (f) Review was conducted of Staff Self Disclosure forms and the section of the Code of Ethics which requires staff to self declare sexual abuse or sexual harassment after hiring. They are in compliance.

115.17 (g) Termination for omissions or false information is covered in MDOC 20-14-01. None has occurred to date. They are in compliance.

115.17 (h) Providing information about previous personnel is covered in MDOC 20-14-01. Forms for Release of Information were reviewed but there have been none concerning the PREA standard requirements to date. They are in compliance.

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.18 (a) and (b) MDOC 20-14-01 restates the PREA standard requirements. The facility has made physical plant modifications to provide inmates privacy in shower and restroom areas throughout the facility. Video cameras have been added and steps have been taken to ensure viewing of inmate in restroom and shower areas are not viewable by opposite gender personnel. There is documentation inspections have been conducted to identify blind spots but none were noted. They are in compliance with this standard.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Items reviewed are MDOC policies 12-05 Criteria for CID Investigation, 16-14 Preservation of Physical Evidence, and 20-14-01 PREA. Also reviewed Investigator's Training Record, MOU with Mississippi Coalition Against Sexual Assault and Training History Of Victim Advocates. There have been no PREA Allegations to date.

115.21 (a) and (b) The Winston County Sheriff's Department conducts Investigations and Evidence Procurement. They have been made aware of MDOC policy and PREA Standards as indicated in the interview with Sheriff Jason Pugh. They comply with (a) and (b)

115.21 (c) MOU with Oktibbeha County Hospital is in place which includes provisions for free services of SAFE/SANE care. They are in compliance.

115.21 (d) and (e) A MOU with the Mississippi Coalition Against Sexual Assault (MCASA) includes provisions for confidential crisis intervention and advocate services as required by the standard. This was confirmed by auditor review of the MOU, contact with MCASA, posters in inmate areas, and inmate interviews. They comply

115.21 (f) Winston County Sheriff's Department (the agency) is responsible for investigations. Therefore, this portion of the standard is non-applicable. They comply

115.21 (g) MDOC 20-14-01 requires State entities to comply with (a) – (f) as well as any DOJ component. They are in compliance.

115.21 (h) Documentation of staff training as Advocates was reviewed and the MCASA MOU provisions for advocate services was confirmed. They comply with this section.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.22 (a) Review of MDOC Policy 20-14-01 verified requirement for referral for investigations per the standard. Interviews with Sheriff Pugh and the Warden indicate systems for notification are in place but no PREA Allegations have occurred to date. They comply.

115.22 (b) MDOC policy 20-14-01 PREA is in place requiring allegations of sexual abuse and harassment be referred for investigation and reference to the Mississippi Department of Corrections Web Site is posted in the facility lobby for access to this policy.

115.22 (c) A separate entity is not responsible for criminal investigations therefore this section is non-applicable

115.22 (d) MDOC 12-01 CID Inspections and Investigations, 12-04 Notifications of Incidents to CID and 12-05 Criteria for CID investigations outline the conduct of investigations which meet the requirements of this standard. They comply should a State entity be involved.

115.22 (e) Requirements for DOJ components to comply is provided for in MDOC policy 20-14-01 PREA. They comply.

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.31 (a) All Winston-Choctaw employees have been trained in items 1 – 10 of this standard as confirmed in review of random staff training files, Training Curriculum for Orientation and In-Service training, and Random Staff Interviews. They comply with this section.

115.31 (b) Training is tailored to inmate gender at Winston-Choctaw. Any new employee regardless of previous experience goes through Orientation specific to Winston-Choctaw facility. They comply with this section.

115.31 (c) Review of Staff training files indicate all current employees have completed Orientation Training which is conducted prior to beginning their work assignment and annually in In-Service training every year thereafter. They are in compliance with this section.

115.31 (d) Auditor reviewed a form in random staff training files that indicated they sign they have received and understand the training. They comply with this section.

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.32 (a) All volunteers and contractors receive training outlined in MDOC 20-14-01 PREA which addresses the PREA standards' requirements. Auditor reviewed volunteer and contractor Training Curriculum, class rosters and trainee Acknowledgement forms. They comply with this section

115.32 (b) Review of the curriculum indicates the volunteers and contractors receive the same Training Curriculum regardless of the degree of contact with inmates. The curriculum includes the Zero Tolerance Policy and how to report. They comply with this section.

115.32 (c) Forms were reviewed which indicated signatures of volunteers and contractors acknowledging training and understanding of the PREA Audit Report

training. They comply with this section.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

The auditor was able to observe the intake process from beginning to end on the second day of the Onsite Visit. This assisted in the resulting finding of "Meets Standard."

Upon receipt of the Pre-Audit Questionnaire, the auditor realized the facility was not showing a comprehensive DVD to inmates at Intake unless they had not received it at MDOC. At the auditor's request, Town Hall Meetings were conducted the following week and ALL inmates were shown the DVD. All inmates have been shown the DVD since. The auditor confirmed this by review of inmate class rosters and inmate interviews.

115.33 (a) Inmates are verbally advised of the Zero Tolerance Policy and given a copy of the Inmate Handbook that also advises them of the policy. They comply with this section.

115.33 (b) The Intake process is completed within 3 hours of an inmate's arrival and contains a PREA DVD presentation, Zero Tolerance Policy instruction, a PREA screening and Medical screening. They comply.

115.33 (c) They comply as explained in the Town Hall process above.

115.33 (d) Auditor reviewed the procedures they would utilize if inmates with limited communication skills arrived and found them to be satisfactory. The Mississippi Contract Monitor indicated such inmates would be screened from coming to this facility. They comply

115.33 (e) Auditor reviewed inmate class rosters to verify documentation of education is being maintained. They comply

115.33 (f) Auditor observed PREA posters in the Lobby, Visitation, all Living Areas, Intake areas, Program areas, Work areas and Administrative areas. Copies of the posters and narratives are in the inmate handbook. They are in compliance with this section.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.34 (a) – (c) Training required by 115.31 and training concerning confinement settings is documented in the Investigator' Training

Record and was verified in interviews with the Warden who is also the Investigator. Warden Higgason is certified as a Law Enforcement Officer and attended the State 10 week course. Specialized training required by this section of the Standard is documented in the curriculum (Training Curriculum For Investigators in Confinement Facilities). They comply with these sections.

115.34 (d) MDOC 20-14-01 PREA requires State entity and DOJ components that investigate shall provide such training. MDOC policies 12-01 CID Inspections and Investigations and 21-05 Criteria for CID Investigations include these requirements. They comply with this section

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.35 (a) Review of medical staff training files and interview with the Medical Supervisor indicate training in items 1 – 4 of this standard was conducted by Mississippi Department of Corrections personnel. Power Point Documents itemized the Curriculum Specialized Training components. They comply with this section

115.35 (b) The medical staff does not conduct forensic exams. This section is non-applicable.

115.35 (c) Documentation of Medical personnel training was reviewed by the auditor in their Training Files. This facility has no Mental Health component. All inmates with mental health needs are not accepted or, if determined to need mental health after intake, are transferred to Mississippi DOC within hours. Email documentation of such a transfer and discussion with the Mississippi DOC Contact Monitor confirm the process. They comply with this section.

115.35 (d) Review of the Medical personnel Training Files confirmed they receive the same PREA training curriculum as all other staff during Orientation and In-Service. Training Curriculum reviewed included the items identified in standard 115.31. They comply with this section.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.41 (a) All inmates are assessed utilizing the PREA and Medical Screening forms at Intake regardless of the sending facility as observed by the auditor and in interviews with the Warden and Intake Staff. They comply with this sections.

115.41 (b) As observed by the auditor, confirmed in interviews with Intake staff and inmates, and review of intake forms in inmate records it

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was determined that Intake Screening is completed within 3 hours of arrival at the facility. They comply with this section.

115.41 (c) The Intake Screening Form is objective and there are guidelines for determining At Risk. They comply with this section.

115.41 (d) and (e) Each item listed in these sections of the standards are covered in the Intake Screening Forms reviewed by the auditor. They comply with this section.

115.41 (f) Reassessments are conducted by the Medical personnel utilizing the Intake Screening Form when they conduct their 14 day Medical Re-evaluation. Medical re-assessment forms were reviewed and confirmed in interview with the Medical Supervisor. They comply with this section

115.41 (g) An inmate's risk level will be reviewed should a referral, request, incident of sexual abuse or additional information that bears on risk level is received per MDOC 20-14-01. None has occurred at this time. They comply with this section.

115.41 (h) Interview with Intake staff and review of MDOC 20-14-01 disciplining inmates who refuse to answer PREA related questions is prohibited. They comply with this section.

115.41 (i) Confirmed in interviews with Intake staff, Medical Supervisor, Chief of Security and Case Manager all information in inmate records relative to PREA is password protected on computers and hard copies are protected by approved access lists. Passwords and access lists were reviewed. They comply with this section.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.42 (a) and (b) Review of MDOC 20-14-01, Intake Screening Form, Medical Screening Form, Keep Separate Form, Screening of Inmates with Abuse Form; and interview of Intake Officer and Medical Supervisor; and auditor observation of the Intake Process indicate safety of inmates is based on an individualized process and placement of inmates in living units, programs and work assignments is individualized. They comply with this section.

115.42 (c) and (e) Intake Screening forms, interviews with Intake and Medical staff indicate that placement of transgender or intersex inmates would be individualized and their own views would be taken into consideration. Discussions with the MDOC Compliance Monitor indicated transgender and intersex inmates would generally be screened from placement at this facility. None have been assigned there before or during the audit period. They comply with this section.

115.42 (d) No transgender or intersex inmates have been assigned at the facility. MDOC policy and facility Intake and Medical Screening forms are in place should they receive these inmates. Interviews with Intake staff, Chief of Security, Warden and Medical staff indicate they are familiar with the twice a year review requirement. They comply with this section.

115.42 (f) Procedures are in place to provide separate showers for transgender and intersex inmates but many staff had forgotten this is allowed. Following the Onsite Visit, all staff were retrained in the process. The auditor observed the reorientation class rosters. It is already in the Orientation and In-Service Curriculum. They comply with this section.

115.42 (g) This is a "single" facility agency. If they receive a transgender or intersex inmate, they have no choice but to place them in this facility. Auditor reviewed procedures that demonstrate no separate housing unit would be utilized for their placement within the facility. They comply with this section.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.43 (a) – (e) MDOC 20-14-01 covers all standard requirements, however, the Warden has issued a memorandum to all personnel advising that the Restricted Housing facility will not be used as a housing assignment for someone who has filed a PREA allegation. There have been no PREA allegation before or during the PREA audit period. They comply with this standard.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.51 (a) and (b) The facility has posted signs in all inmate areas with the phone numbers for reporting and address of the crisis center. This information with level of confidentiality is provided in the inmate handbook. During the Onsite Visit, the Crisis Center services were posted in all the living units and were added to the inmate handbook. The telephone numbers were tested by the auditor and function as required. The facility is notified of calls immediately but anonymity is allowed. Inmates were observed being briefed on numbers, confidentiality, and other methods of reporting during intake. Writing letters, calling friends or relatives or reporting to facility staff were included in the procedures. They comply with these sections.

115.51 (c) MDOC 20-14-01 requires staff accept third party reports and the reporting procedure is posted in the Lobby and Visitation and is part of the inmate handbook. They comply with this section.

115.51 (d) Staff Orientation curriculum reviewed by the auditor includes the toll free staff reporting number for confidential reporting of inmate sexual abuse or harassment. They comply with this section.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.52 MDOC 20-14-01 outlines the requirements of this standard (a) – (g) verbatim should the facility choose to utilize the process. At this time, the facility procedure is to handle any PREA related grievance that might be filed as a note to the staff receiving the form. The receiving staff is directed to immediately implement the First Responder process. From this point on, the allegation is handled through the PREA notification processes which are in place and were reviewed by the auditor. The auditor reviewed a memorandum from the Warden to all staff which outlined the handling of PREA related grievances should one be received. None have been received. They comply with this section.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.53 (a) – (c) The facility has an MOU with the Mississippi Coalition Against Sexual Assault (MCASA) which provides for reporting, crisis counseling and advocate services. Contacts are confidential. Inmates are now advised of these services and levels of confidentiality by handouts in Intake and postings on bulletin boards in the living units. Posting of the information regarding services provided by MCASA resulted from inmate interviews indicating they were aware of the reporting process with that agency and confidentiality but not the services available. Auditor observed the Intake process, postings and confirmed knowledge of the information in Inmate Random interviews. Auditor also contacted MCASA to confirm the requirements of the MOU. They comply with this section.

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.54 Auditor viewed Third Party Reporting Posters in the Lobby, Visitation and descriptions in the inmate handbook. They were observed being verbally advised in the Intake process. They are in compliance.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.61 (a) – (e) MDOC 20-14-01 is in place and includes all issues required in the Standard. Auditor's review of staff Orientation and In-Service Training Curriculum indicates (a) – (e) are included in their instruction. No allegations have been made so no completed secondary documentation could be reviewed by the auditor. Staff and inmates were familiar with reporting, confidentiality, and inmate safety requirements as indicated in interviews with random staff, the Warden, Deputy Warden, Chief of Security, Shift Supervisors and Medical Supervisor. Inmates were familiar with their reporting options to call two phone numbers; write the Crisis Center, MDOC, friends, or family; or to report to facility staff. They comply with these sections.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.62 MDOC 20-14-01 requires immediate action upon learning of risk of imminent sexual abuse. Auditor confirmed this is part of the staff Orientation Curriculum and verified staff knowledge in the Random staff interviews. Inmate safety was observed as being a high priority at this facility. They comply with this standard.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.63 (a) – (d) Each reporting component of this standard is required by MDOC 20-14-01. Warden Higgason is aware of each step of reporting an allegation made concerning sexual abuse at another facility as verified in his interview. None have been reported to date by an
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inmate. They have procedures for compliance with each section of this standard should an allegation be made.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.64 (a) and (b) Staff First Responder duties are listed verbatim in the MDOC 20-14-01, were reviewed in the staff Orientation and In-Service training curriculum, and staff awareness was confirmed in Random Staff Interviews. Auditor also reviewed the Sexual Response and Containments Checklists and the Coordinated Response Checklist to verify procedures are in place. Staff duties and timelines are identified and spaces for notations are provided. They comply with knowledge of all sections of the standard. No allegations have been made prior to or during the audit.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.65 MDOC 20-14-01 PREA, 20-05 Protection From Harm, 25-11 (G) Procedures In Event Of Sexual Assault and 12-05 Criteria For CID Investigations specify the plan to coordinate actions in response to a sexual abuse incident. Auditor reviewed the memorandum assigning personnel at the facility to a Sexual Assault Response Team. Members included the Warden, PREA Compliance Manager, the First Responder, Medical Supervisor and Investigator. A form (Coordinated Response Checklist) has been developed and was reviewed by the auditor which ensures a complete review of the incident. They comply with this section.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

115.66 (a) and (b) MDOC policy 20-14-01 provides for the required protection under collective bargaining. Review of the facility's Staff Code of Ethics indicate employees may be subject to termination for violating sexual abuse and harassment policies. No such allegations have occurred to date. They comply with these sections.

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.67 (a)–(f) MDOC 20-14-01 page 26 lists the agency required protection against retaliation and the procedures to document monitoring and options for maintaining inmate safety as outlined in the Standard. There have been no PREA allegation so not completed forms could be reviewed. Auditor did review the Retaliation Monitoring form to be used for monitoring and evaluating retaliation during the 90 day period. Interview with the Retaliation Monitor (facility Investigator) confirmed his knowledge of the form and its proper utilization. They comply with all sections.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.68 As stated in evaluation of standard 115.43, the Warden has issued a memorandum to all staff stating no inmate will be assigned to Restricted Housing as a result of making a PREA allegation. None had been as of the On Site Visit.

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

There have been no PREA allegations before or during the audit period.

115.71 (a) No investigations have occurred as of the On Site Visit. Warden Higgason is the Law Enforcement Officer responsible for investigating all incidents. He is notified of every incident, PREA related as well, and would take immediate action to investigate each occurrence including Third Party reports. This was confirmed in his interview. They comply with this section.

115.71 (b) Warden Higgason is a certified Law Enforcement Officer who attended the State Academy for 10 weeks. Curriculum of his specialized training was reviewed by the auditor in his training file. He also received PREA Investigation training from the Mississippi Department of Corrections Compliance Coordinator which was specific to the specialized training required in the Standard which was reviewed in his training file. They comply with this section

115.71 (c) The Warden is trained in collecting evidence and interview techniques and also has the Sheriff's Department available to assist on request which was verified in the interview with Sheriff Pugh. They comply with this section.

115.71 (d) As verified in the interview with Warden Higgason, he has a close working relationship with County Prosecutors and will consult with them prior to conducting compelled interviews. They comply with this section.

115.71 (e) The Warden confirmed credibility of an alleged victim, suspect or witness shall be assessed on an individual basis. He and the Sheriff confirmed that polygraphs are not utilized. They comply with this section

115.71 (f) and (g) As part of his investigative training and as being the facility Warden, Warden Higgason stated he would maintain documentation required by these sections in reference to review of staff actions, evidence, assessments, and investigative facts and findings. They comply with this section

115.71 (h) MDOC policy requires substantiated allegations that seem to be criminal to be referred for prosecution. They comply with this section.

115.71 (i) Auditor reviewed the document retention policy and it complies with this section.

115.71 (j) MDOC policy 20-14-01 PREA requires an investigation to continue to completion. They comply with this section

115.71 (k) MDOC policy 20-14-01 PREA requires any State or DOJ component to comply with the above requirements of this standard. They comply with this section.

115.71 (l) Interview with Warden Higgason indicated he would cooperate with any outside agency conducting an investigation of sexual abuse. They comply with this section.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.72 MDOC policy 20-14-01 PREA and interview with Warden Higgason (Investigator) indicates a preponderance of evidence is the standard utilized in determining if an incident can be substantiated.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.73 (a) – (f) MDOC 20-14-01 requires facility personnel to specifically follow each section of this Standard. Auditor reviewed the Inmate Notification Form which contains the items listed in (c). (1)-(4) and (d). (1) and (2). Interview with Deputy Warden Whitcomb indicated she would be the one to complete the form and advise the inmate. No notices have been completed as no allegations have been made.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

There have been no PREA allegations to date and no staff actions have been necessary.

115.76 (a) and (b) Review of the Staff Code of Conduct indicate termination may be a consequence for sexual abuse or harassment. They comply with these sections

115.76 (c) Interview with Warden Higgason and Deputy Warden Whitcomb indicate discipline of staff would always be determined by the nature of the offense, its severity and comparable with other similar staff offenses. Sanctions are also listed in the Employment Handbook/Disciplinary Information reviewed by the auditor. They comply with this section

115.75 (d) As Warden Higgason is a Law Enforcement Officer and communicates daily with Sheriff Pugh, he advised the auditor all terminations are communicated to Law Enforcement. They comply with this section.

Standard 115.77 Corrective action for contractors and volunteers

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

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

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

There have been no allegation made concerning Contractors or Volunteers to date.

115.77 (a) and (b) Auditor reviewed Volunteer Agreement, Volunteer Guide to MDOC, and MDOC policy 20-14-01 Corrective Action for Contractors and Volunteers. The documents comply with the standard. No corrective actions have been taken as of the On Site visit.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

There have been no inmate allegations of sexual abuse or harassment to date.

115.78 (a), (b), (c), (e), (f) and (g) Review of MDOC 20-14-01 PREA/Disciplinary Sanctions for Inmates and Chapter XI of the Inmate Handbook-Rule Violations indicate all requirements of the Standard are addressed.

115.78 (d) Interview with the Warden indicted any inmate involved in violating rules addressing sexual abuse or harassment would be recommended for transfer from this facility. They will not offer counselling or other interventions. It will be offered in the receiving MDOC facility if necessary. They comply with this section

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.81 (a) and (b) Auditor was advised by Deputy Warden Whitcomb (PREA Compliance Manager) and by the Intake Officer that they were not aware of any inmates have been sent to this facility who have been Victims or Predators in other community settings or institutions. Auditor reviewed Medical Intake forms and Medical Re-Evaluation forms in random inmate files that indicate ALL inmates receive a

medical screening on arrival and a Medical Re-Evaluation in 14 days whether they have indicated having been a victim or an abuser or not. This was confirmed in interview with the Medical Supervisor. There are no Mental Health services provided at this facility. Discussions with the Mississippi Department of Corrections Contract Monitor indicated any inmate requiring Mental Health contact relative to any PREA Standard would be transferred from this facility immediately. They comply with these sections.

115.81 (c) These are prison, not jail inmates. This section does not apply.

115.81 (d) Auditor observed Medical Consent Forms should it be necessary to report information concerning sexual victimization that did not occur in an institutional setting. None have been completed to date and no inmates under the age of 18 are housed at this facility. They comply with this section.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

There have been no PREA allegation made to date.

115.82 (a) – (d) MDOC policy 20-14-01 PREA/Access to Emergency Medical and Mental Health Services, 25-11-G Procedures in Event of Sexual Assault and 25-01-A Access to Healthcare and Clinical Services cover the standard requirements for unimpeded, free access to and treatment following allegation of a sexual abuse incident. Interviews with the Investigator, PREA Compliance Manager, Medical Supervisor and Shift Supervisors indicate they are aware of the Standard requirements and their notification procedures. MOU is in place with Mississippi Coalition Against Sexual Assault for crisis counselling and advocate services. No secondary documentation was available for review as no allegation have been made. They comply.

115.82 (b) Procedures were reviewed by the auditor specific to notification off site Medical Personnel if incidents occur after hours and the process was confirmed in interviews with Shift Supervisors and the Medical Supervisor. They comply with this section.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.83 (a), (b) and (c) Interview with the Medical Supervisor and Intake Officer as well as auditor observation of the intake process

indicated processes are in place to provide adequate medical treatment to all inmates who have been victims in previous facilities, with follow up care as appropriate and consistent with the community care. Mental Health issues identified will result in the transfer of the inmate for treatment. They comply with this section

115.83 (d) and (e) are not applicable as there are no female inmates at this facility. They comply with this section

115.83 (f) and (g) MDOC 20-14-01 requires tests for sexually transmitted infections as medically appropriate and treatment services without financial cost. They comply with this section.

115.83 (h) Interview with the Intake Officer and Medical Supervisor indicated transfer of any inmate whose file or screening indicated history of being an abuser would require immediate transfer of the inmate to MDOC. They were not aware of any such inmates at the time of the On Site Visit. They comply with this section.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.86 (a) The Warden has designated a Sexual Abuse Review Team to review every instance of sexual abuse regardless of the findings of the Investigator. Auditor reviewed the form to be used should such incidents occur. None at the time of the On Site Visit. They comply with this section.

115.86 (b) The Warden indicated, in his interview, review of investigations would occur within 30 days upon completion of the investigation. None required as no allegations have been filed. They comply with this section.

115.86 (c) The Warden (in reviewed memorandum) has designated himself, PREA Compliance Manager, First Responders, Medical Supervisor and Investigator as review team members. They comply with this section.

115.86 (d) Items (1)-(5) are listed on the Incident Review Form which was reviewed by the auditor and the form provides spaces for the Team's recommendations in each section.

115.86 (d) Item (6) The Incident Review Form has spaces for all members of the team to sign. The PREA Compliance Manager is a member of the team and will make a copy according to the auditor interview with the Manager. They comply with this section.

115.86 (e) MDOC 20-14-01 requires the facility to implement corrective action recommended or to document why not. No recommendations have resulted as no incidents have occurred. They comply with this section

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

115.87 (a) and (b) Data was collected and forwarded to Mississippi DOC to include in their Annual Report and was forwarded to the Sheriff's office as his office is the "single" facility Agency. Auditor reviewed the data that was forwarded and the annually aggregated data from MDOC. Auditor advised the Sheriff's Office Web Site include a link to the MDOC Annually Aggregated Data and Report. This was completed at the On Site Visit. It is listed in the "PREA" link on the site. They comply with this section.

115.87 (c) The form reviewed by the auditor the facility used to collect the data included all items listed in the Survey of Sexual Violence. They comply with this section.

115.87 (d) Review of the document retention policy specifies they keep information from incident based documents. They comply with this section

115.87 (e) This is a "single" facility base agency. Information is accumulated by the facility and forwarded to the Sheriff's Department (the Agency) and the Mississippi Department of Correction. The Department of Corrections includes the facility's data in their annual report. Auditor suggested the facility also prepare an annual report in conjunction with the Sheriff's Department and begin including it on the Sheriff's web page. They comply with this section.

115.87 (f) MDOC 20-14-01 requires providing data to DOJ if requested, no later than June 30 for the previous calendar year. They comply with this section.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.88 (a) Interviews with Sheriff Pugh, Warden Higgason and PREA Manager Whitcomb indicated data collected and aggregated is assessed at the Agency level and then forwarded to MDOC to be included in their Annual Report. There have been no allegations at Winston-Choctaw so the data form listed ZERO in all spaces. Problem areas and corrective action are noted. Any staff training, policy/procedures changes needed, prevention methods and detection methods are also reviewed per the Standard. They comply with this section

115.88 (b) Each year's report is compared with the previous report. There have been zero allegations. They comply with this section.

115.88 (c) Interview with Sheriff Pugh indicated he reviews the data forwarded to MDOC and auditor verified access to the Annual Report is available through the Sheriff's Department Web Site. They comply with this section.

Standard 115.89 Data storage, publication, and destruction

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

☐ Does Not Meet Standard (requires corrective action)

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

115.89 (a) Interview with Sheriff Pugh and Warden Higgason indicate all data collected is secured in their offices. They are in compliance with this section.

115.89 (b) As observed by the auditor, data is available through the Sheriff's web site. They comply with this section.

115.89 (c) Auditor observed no personal information in the data. They comply with this section.

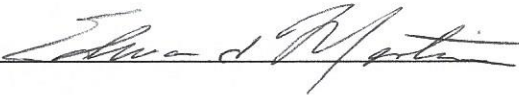
115.89 (d) Review of document retention policies indicate retention of data required by 115.87 for at least 10 years. They comply with this section.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Edward Martin



September 3, 2016

Auditor Signature

Date