

PREA AUDIT REPORT ☐ Interim ☒ Final
ADULT PRISONS & JAILS

Date of report: August 10, 2016

Auditor Information			
Auditor name: Debra Dawson			
Address: P. O. Box 5825 Marianna, Florida			
Email: dddawsonprofessionalaudits@gmail.com			
Telephone number: 850-418-1671			
Date of facility visit: July 19-20, 2016			
Facility Information			
Facility name: Alcorn County Regional Correctional Facility			
Facility physical address: 2839 South Harper Road, Corinth, MS 38834			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 662-286-7194			
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: Allen Lyles			
Number of staff assigned to the facility in the last 12 months: 51 staff. Facility was placed in re-start opening position 7 months prior to the PREA audit.			
Designed facility capacity: 360			
Current population of facility: 239			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 21 - 65			
Name of PREA Compliance Manager: Marcilla Elliott/Tina Blackwell			Title: Case Managers
Email address: marcillaelliott1@gmail.com/tblackwell0@gmail.com			Telephone number: 662-286-7194/662-286-7085
Agency Information			
Name of agency: Alcorn County Sherriff Department			
Governing authority or parent agency: <i>(if applicable)</i> Mississippi Department of Corrections			
Physical address: 2833 South Harper Road Corinth, MS 38834			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 662-286-5521			
Agency Chief Executive Officer			
Name: Ben Caldwell			Title: Alcorn County Sherriff
Email address: bcaldwell@co.alcorn.ms.us			Telephone number: 662-286-5521
Agency-Wide PREA Coordinator			
Name: Marica Stingley			Title: MDOC State-wide PREA Coordinator/ Criminal Investigator
Email address: mstringley@mdoc.state.ms.us			Telephone number: 601-573-5104

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the Alcorn County Regional Correctional Facility (ACCF) in Corinth, Mississippi was conducted on July 19-20, 2016, by Debra Dawson from Greenwood, Florida and Crystal Norment from Memphis, Tennessee. Both are U.S. Department of Justice Certified PREA Auditors for Adult Prisons and Jails. Debra Dawson was the assigned PREA Auditor. Audit notices were posted throughout the facility six weeks prior to the on-site review. The agency agreed to keep notices posted for 14 days after the on-site visit. There has been no correspondence or mail delivered to the designated post office box.

The Alcorn County Regional Correctional Facility was officially closed on October 29, 2015, resulting in the transfer of all inmates to other correctional facilities. The respective inmate casefiles and intake screening packets were forwarded to each of the inmates' newly designated correctional facility. Staff positions were also abolished at this time. The facility was re-opened in a re-start position on December 10, 2015. The re-start opening position consisted of hiring new staff. The facility began to receive inmates on February 2, 2016. Therefore, Alcorn County Regional Correctional Facility was in operational status approximately seven months prior to the requested PREA audit; thus the review of documentation and practices was for a period of approximately seven months rather than twelve months. Although the facility has only in operational status for approximately seven months, staff has done a phenomenal job in the training of inmates, and staff, development of policies and practices toward the agency's goal of zero tolerance of sexual abuse and sexual harassment, and has practices in preventing, detecting, and responding to such actions.

ACCF has developed a comprehensive policy on sexual abuse and sexual harassment outlining the agency's policy for zero tolerance. The Prison Rape Elimination Act of 2003, P & P 12.008, was developed to address all PREA standards for Prisons and Jails. This policy was reviewed and utilized during the audit process and will be referred to throughout the report.

The Alcorn County Regional Correctional Facility PREA Compliance Managers was requested to complete the Pre-Audit Questionnaire and it was submitted to this Auditor along with supporting documentation prior to the on-site portion of the audit. The pre-audit preparation included a thorough review of the Pre-Audit Questionnaire, all documentation and material submitted by the PREA Compliance Managers. The documentation and material received included, staff and inmate PREA training curriculums, agencies policies and procedures, educational material, staff organizational chart, staffing plan, brochures, Memorandum of Understanding, PREA pocket cards, posters, forms, staff and inmate handbooks. The facility staff was well organized and very structured in their delivery of supporting documentation of PREA compliance.

The Auditors conducted an entrance meeting with the facility administration on the morning of July 20, 2016. An introduction of staff and welcoming remarks were made by Warden Allen Lyles which was followed by the audit schedule and interview process being explained by the assigned Auditor. Present was Allen Lyles, Warden; April Clifton, Commissary Supervisor; Mike Snyder, Correctional Officer; Steve Dunn, Nurse; Lee Holder, SANE Practitioner; Dana Talley, Property Supervisor; Lisa Ligon, Officer Manager/Human Resource Manager; Tina Blackwell, Case Manager/PREA Compliance Manager; Marcilla Elliott, Case Manager/PREA Compliance Manager; Caden Mask, Sergeant; Joshua Davis, Chief of Security/Investigative Officer; Roy Simon, Lieutenant and the Auditors.

On the first day of the on-site visit immediately following the entrance meeting, the Auditors toured the physical plant while escorted by Joshua Davis, Chief of Security; April Clifton, Commissary Supervisor; Lee Holder, SANE Practitioner; Steve Dunn, Nurse; Tina Blackwell, PREA Compliance Manager, and Marcilla Elliott, PREA Compliance Manager. The Auditors toured all operational and program areas within the single structured building of the correctional facility. The Auditors spoke informally with staff and inmates during the tour and paid particular attention to the extensive video monitoring system in the Control Tower and administrative staff offices. The Auditor was observant of camera placement and sight view of cameras during the tour. After the tour, the Auditors began to interview random and specialized staff. Correctional Officers and their supervisors are scheduled during two 12 hour shifts (7:00 a.m. until 7:00 p.m. and 7:00 p.m. until 7:00 a.m). Staff are assigned permanent shifts and do not rotate. The Auditors extended their hours of work to conduct interviews with staff on both shifts.

Each Auditor was provided a private office with adequate soundproofing to conduct confidential interviews with random inmates and random and specialized staff, contractors and volunteers. The interviews were conducted simultaneously by the Auditors. Staff interviews were conducted in the administrative office area. Inmate interviews were conducted in an adjacent office near inmate housing units to facilitate easy movement of the inmates.

The Alcorn County Regional Correctional Facility is a medium security level facility and an adult male population between the

age range of 21 – 65 years old. There were 328 inmates admitted to the facility within the past seven months. The average length of stay at the facility is 2 years. The facility has a capacity rate of 360. During the two day on-site visit, the inmate population count was 239.

A facility's inmate roster was utilized for the selection of 10 random inmates for interview. Due to the decreased number of inmates designated at ACCF, only four of the six housing units were utilized for inmate housing. Inmates were selected by the Auditors from each of the occupied housing units/zones for interviews. The Auditors selected 3 inmates each of A and C Housing Units, and 2 inmates each of B and D Housing Units. Each housing unit has a capacity level of 60 inmates. Inmates were assigned to housing units A, B, C, and D. There were no inmates assigned to E and F housing units, neither were inmates assigned to the segregation housing unit. Inmates were interviewed utilizing the recommended Department of Justice (DOJ) protocols that questioned their knowledge on a variety of PREA protections to include their knowledge of reporting mechanisms to report abuse or harassment.

The Auditors selected a total of twenty-one staff for interviews which included staff from the MDOC as the governing agency. Staff were interviewed from two shifts (1st shift 7:00 a.m.-7:00 p.m. and 2nd shift 7:00 p.m. – 7:00 a.m.). Staff interviewed included Correctional Officers, Case Managers, Medical Staff, Office Manager, Chief of Security, Lieutenants, Sergeants, MDOC Regional PREA Compliance Manager, Warden, Sherriff of Alcorn County, in-take screening staff, volunteer and contract staff. MDOC Chief Psychiatrist and MDOC State-wide PREA Coordinator were interviewed by telephone.

The Auditors reviewed ten staff personnel files for documentation of PREA training and background check requirements.

The Auditors verified available SAFE and SANE procedures at Magnolia Medical Center and available services at Shelter and Assistance in Family Emergencies, Inc (S.A.F.E.).

During the on-site review of the facility, the Auditors observed and closely examined the physical layout of each operational and program area accessible to inmates and staff. The locations of mirrors and cameras, layout of the open bay housing unit including shower/toilet areas, placement of PREA informational resources, staff supervision of inmates, entrance procedures of female staff in male populated housing units, and search procedures were extensively monitored by the Auditors. PREA notices were posted throughout the facility to include the hot line number posted on the inmate housing unit walls in English and Spanish.

The Auditors were treated with great hospitality during the on-site visit by all ACCF staff. Staff and inmates were readily available for interviews without delay. The Auditors were provided unimpeded access to all areas at the facility and received all documentation to conduct a thorough PREA audit under the DOJ standards. The Auditors conducted a closeout with the administrative staff on Thursday, July 21, 2016.

DESCRIPTION OF FACILITY CHARACTERISTICS

Alcorn County Correctional Facility maintains a contract with the MDOC to house a rated capacity of 360 male inmates. The Alcorn County Sherriff is the Agency Head for Alcorn County Regional Correctional Facility (ACCF). The ACCF Warden was selected by the Sherriff and approved by MDOC to manage the Correctional Facility. The SANE Practitioner is contracted by Centurion. The ACCF is located at 2839 South Harper Road in Corinth, MS. The inmate population during the on-site visit was 239. The facility is a single story building. All operational and program areas of the agency are accessible from entry inside the single story building. Recreation attendance requires exiting the building into a secure perimeter area which is supervised by staff and four cameras providing full video monitoring coverage.

Upon entrance into the facility, you are greeted by a receptionist within the sallyport where further access into the facility is restricted until proper clearance has been granted. Administrative staff offices and an attorney's visiting room are located toward the front of the facility. Case Managers, security staff, security staff supervisors, inmate program areas and housing units are located toward the back of the facility. Electronic operated doors are controlled by the Control Tower Officer and are utilized to prevent unauthorized movement of inmates in restricted areas. Designated areas for operational and programming needs are identified throughout the facility. Scheduling of programming and operational procedures were developed which allow the inmate dining hall to serve as a multi-purpose area for various programs to include religious programs, visitation, commissary pickup, staff meetings, classroom, and property distribution.

The medical department has examination rooms which provide privacy for the inmates during screening. PREA posters, hot

line telephone numbers, and PREA informational material was accessible to inmates in the medical area. The inmate files were stored in a separate locked room and inside filing cabinets. Medical is the only staff with access to this area. The laundry room has intermittent supervision and has one camera for video monitoring by staff. The Auditors observed video monitoring coverage of this area from camera footage while in the Control Tower. The inmate dining area/multi-purpose room had PREA notices posted on each wall. Cameras are located inside the area. The bathroom door in this area was solid without a window and the door remained secured. The property room had a camera and the rear door remained secured. The Commissary Department did not have a camera install. However, staff maintains supervision of the inmates assigned. The leisure library has a camera and a motion activated light sensor. The Control Tower Officer is responsible for video monitoring and has the capability to adjust cameras.

Security staff does not provide constant direct supervision inside the housing units. However, they are required to make intermittent supervision by conducting rounds and counts every hour. Hourly counts are conducted by two staff. The Control Tower Officers assist in monitoring the housing unit through video monitoring. Forty-six cameras assist in monitoring inmate activities. Video monitoring is also accessible in the Warden's Office, Lieutenant's Office, and Chief of Security's Office. Additionally, the Warden, Chief of Security and two Lieutenants have 24 hour mobile access to the camera system. These procedures enhance security measures and the prevention and detection of sexual abuse in the facility.

The housing units are open dorm. Staff refers to the housing units as zones. ACCF is composed of six housing units (zones A, B, C, D, E, and F) that can house 60 inmates each for a total of 360 inmates. There are thirty bunk beds in each housing unit. A camera is installed in each housing unit which provides additional coverage. This area is monitored by the Control Tower Officer. The toilets and showers are located at the front of the open bay housing unit. The Auditors noted that a total of eight showers are located in a corner section of the housing unit where inmate showering is shielded by shower curtains and allow privacy from cross-gender viewing. Toilet and urinals are located in individual stalls, have a partial wall directly across the front of them, and an additional screening attachment to prevent cross-gender viewing during the performance of bodily functions. The segregation housing unit is divided into two sections. Each section has four double occupancy cells for a total capacity sixteen inmates. No inmates were housed in segregation housing during the on-site visit. There were no inmates assigned to single cell occupancy during the on-site visit. During the tour, PREA informational material, poster, flyers and hotline telephone numbers were observed posted in all areas throughout the facility.

SUMMARY OF AUDIT FINDINGS

The Alcorn County Regional Correctional Facility reports there have no reports of sexual abuse or sexual harassment in the past seven months; thus there were no administrative investigations and no criminal investigations related to sexual abuse or sexual harassment for review by this Auditor.

Overall, the interview of inmates reflected they had received PREA training upon arrival at ACCF during the in-take process and they had a full understanding of the agency's zero tolerance policy against sexual abuse and sexual harassment. PREA training is provided to the inmates within their Inmate Handbook, during orientation training, and informational pamphlets are available to them. An abundance of PREA awareness is posted throughout the facility by utilizing posters, flyers, and PREA information stenciled in extremely large font on the walls in the inmate housing units/zones. The ten inmates selected for random interviews to include one inmate who identified himself as intersex, expressed their clear understanding and knowledge on how to report sexual abuse to staff, outside agencies and by third party. Each inmate commented on the multiple methods staff have utilized to provide PREA information to the inmate population. Inmates provided the Auditor with realistic and proper procedures they would take to inform staff or others of sexual abuse or sexual harassment. Inmates who were interviewed formally and informally expressed to the Auditor that they felt very safe at Alcorn County Regional Correctional Facility and felt staff would respond appropriately.

The staff interviewed by the Auditors each stated they had received PREA training and were very knowledgeable of the agency's zero tolerance against sexual abuse and sexual harassment. A review of staff training records revealed staff signature as completing PREA training. Staff was knowledgeable of their roles in prevention, and detecting sexual abuse and sexual harassment. All staff have been issued a PREA pocket card noting the duties of a first responder. Staff was able articulated their responsibility as a first responder and their responsibility to report all allegations of sexual abuse and sexual harassment without referring to the card.

In summary, after reviewing documentation, conducting staff and inmate interviews, and an observation of the agency practices and policy, it is concluded by the Auditors that ACCF staff and inmates have been well educated on the DOJ PREA standards. The agency leadership and PREA Compliance Managers have made PREA compliance a high priority with the agency. Staff has devoted an enormous amount of time and resources in policy development, training staff including use of NIC PREA courses, and training of the inmate population. Staff have developed PREA worksheet checklists for guidance, and have posted PREA posters and flyers for continuous staff and inmate awareness to include stenciled lettering in English and Spanish on the walls in the housing units/zones. ACCF will be an asset to other facilities by providing educational training and policy development techniques for assistance in becoming PREA compliance with DOJ standards.

Number of standards exceeded: 3
115.31; 115.32; 115.33

Number of standards met: 36
115.11; 115.13; 115.16;
115.17;115.18; 115.21;
115.22;115.34;
115.35;115.41;115.42;115.43;
115.52;
115.53;115.54;115.61;115.62;
115.63;115.64;115.65;115.67;
115.68; 115.71;115.72;115.73
115.76;115.77;115.78;115.81
115.82;115.83;115.86;115.87
115.87;115.88; 115.89

Number of standards not met: 0

Number of standards not applicable: 3
115.12; 115.14; 115.66

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.

ACCF policy 12.008, is a comprehensive policy which addresses the agency's zero tolerance for sexual abuse and sexual harassment on page 7 of the policy. The policy addresses the agency's commitment to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. It contains necessary definitions, disciplinary sanctions, responses to allegations of sexual abuse, sexual harassment and the agency's strategies to protect inmates from sexual abuse and sexual harassment. The policy was developed in a manner that can serve as guidance in the training of staff, inmates, volunteers, and contract personnel. The agency addresses its policy against sexual abuse and sexual harassment in the Inmate Handbook, Staff's PREA Handbook, and an enormous amount of continuing PREA educational material provided to staff and inmates throughout the facility.

Per the PAQ, interviews, and documentation reviewed, the agency has designated two on-site PREA Compliance Managers who work cohesively in ensuring the agency's mission of implementing a zero tolerance policy is maintained. Ms. Marcilla Elliott and Ms. Tina Blackwell official titles are Case Managers and they are assigned collateral duties of PREA Compliance Managers for the agency. As Case Managers, they work directly for the agency's Warden, Allen Lyles. As the Compliance Managers, they report to the Mississippi Department of Corrections (MDOC) Northern Region PREA Manager, Lola Nelson. Ms. Nelson has oversight of ten facilities and submits reports to the MDOC State-wide PREA Coordinator, Marcia Stingley. During interviews with each Compliance Manager, and Coordinator, they all reported having sufficient time and authority to develop, implement and oversee the agencies' goal for PREA compliance.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . ACCF Policy 12.008
- . Completed PAQ
- . ACCF Inmate Handbook
- . Interview with Compliance Managers
- . Interview with MDOC PREA Compliance Manager for Northern Region Ms. Nelson
- . Interview with MDOC State-wide PREA Coordinator Ms. Stingley

Corrective Action: None

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)
- ☒ Not Applicable

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.

Per the agency's contract with the MODC, which is through the Sheriff of Alcorn County, Mississippi, the agency is not allowed to enter into an additional contract for the confinement of inmates designated to ACCF. Inmates will only be returned to the MDOC for housing. Therefore, ACCF does not contract with other entities for the confinement of inmates. This was confirmed during interviews with the Warden and Agency Head/Sheriff.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . Interview with ACCF Warden
- . Interview with Agency Head
- . Review of Inmate Housing Agreement with MDOC

Corrective Action: None

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.

ACCF policy pages 8-9, and documentation of the staffing plan was reviewed by the Auditors. The agency has developed a formalized staffing plan that appropriately addressed mandatory elements 1-11 of this standard. The agency's staffing plan incorporated adequate levels of staffing to provide 24 hours coverage on all shifts by the utilization of two 12 hours shifts consisting of security and supervisory staff in addition to 24 hours of extensive video monitoring.

During an interview with the Warden, he explained that line staff are supervised by 3 levels of supervisory staff to assist in preventing, detecting, and deterring all forms of sexual abuse and or sexual harassment. Forty-six cameras are strategically located throughout the facility to provide video monitoring of all areas accessible to the inmate population and serve as deterrence for staff and inmate misconduct. The installation of these cameras enhances direct supervision as well as providing additional coverage of more areas. The video monitoring system has 90 day retention and allow for review of any reported incidents and further monitoring as needed.

During interviews with the Warden and Agency Head, they both stated the agency considered blind spots, and officer's presence during the installation of video monitoring during the re-start opening in an effort to prevent and detect sexual abuse of inmates. Light motion sensors are strategically located in areas to assist staff in monitoring unauthorized movement in restricted areas. Four supervisory staff are issued agency telephones with capability that allows continuous video monitoring 24 hours from any location. The monitoring technologies utilized assist the agency's zero tolerance of sexual abuse and sexual harassment by preventing, detecting, and deterring actions of such.

A random selection of 15 daily rosters of security post schedules was reviewed for a period of 6 months. There was no evidence of deviation from the staffing plan discovered by the Auditors. The Warden stated during an interview,

employee sick leave, vacation, and staff training was given great consideration during the development of the staffing plan. The agency employs additional staff on each shift to allocate for unexpected absences.

The PAQ, and ACCF policy, page 8, addresses that the staffing plan will be reviewed annually. Documentation was provided by the Compliance Managers verifying that the staffing plan had been reviewed twice within this year on January 6, 2016, and February 24, 2016. The PREA Compliance Managers and MDOC PREA Coordinator were noted by signatures as reviewing the staffing plan in conjunction with agency officials. No adjustments were noted as being needed by the agency. The staffing is also monitored by the MDOC for compliance.

Per the PAQ and documentation in ACCF policy page 9, designates the Warden and Shift Supervisors as intermediate-level and higher-level supervisors to conduct unannounced rounds with the intent of identifying and deterring sexual abuse and sexual harassment. Documentation supported that the Agency Head, Sergeants, Chief of Security, Warden, and Lieutenants, conducts unannounced and unscheduled rounds in all areas throughout the facility during all shifts. This section of the policy also addresses that staff are prohibited from alerting others that supervisory staff are conducting rounds.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Observation during tour
- . Interview with Warden
- . Interview with Agency Head
- . Review of Staffing Plan
- . Review of Unit Register

Corrective Action: None

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)
- ☒ Not Applicable

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.

Per the PAQ, ACCF policy page 9, and contract with MDOC, the contract with the MDOC was developed to house adult male inmates. Policy prohibits housing offenders 18 years old and under. Inmates housed at ACCF are in the range of 21- 65 years old. During a review of the inmates' casefile selected and those selected for interview, all were over the age of 21 years old. No youthful inmates have been assigned to the facility since the re-start opening date on December 10, 2016.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . Interview with ACCF Warden
- . Interview with Alcorn County Sheriff
- . Random review of inmates' files

Corrective Action: None

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.

Per the PAQ, ACCF policy page 10, and interviews with random staff, female inmates are not confined at ACCF; thus, no cross-gender strip searches or pat-down searches of females were conducted. The policy mandates cross-gender strip searches are prohibited by staff with no exceptions allowed. Non-medical staff are allowed to conduct cross-gender visual cavity checks only of an inmate's mouth. Policy prohibits and staff acknowledged they are prohibited from conducting searches or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There were no transgender or intersex inmates designated at the facility during the site visit for interview by the Auditors. No documentation of cross-gender searches existed since none was reported as being performed.

During the interview process, staff acknowledged receiving training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates by reviewing a slide show tailored specifically to such training. Training was provided by the PREA Compliance Managers prior to having contact with inmates. Documentation of signatures and review of the slide show confirmed sufficient training.

During the site visit, the Auditors observed multiple procedures implemented by the agency that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. **"Notice to Inmates: Female staff routinely works within the inmate housing areas"** is posted on the inmate bulletin boards within each housing unit to include segregation which are strategically located for inmate viewing. A posting is attached to each entrance door of the housing units as a reminder for opposite sex staff (female) to announce their presence upon entering the housing units. This practice was observed being utilized during the site visit. **"A female is entering the Zone"** is announced at the beginning of the facility's counts, feeding, security rounds and checks. The housing units consist of an open bay floorplan. However, ACCF policy page 10, and the inmate handbook dictates designated areas for inmates to perform bodily functions to include the exchange of clothing. Shower curtains were observed in place to provide privacy in each shower area within the six pods and each cell within the segregation unit. Although toilets and urinals were located in the front section of the open bay area, a privacy wall was installed and each stall maintained a closure attachment for additional privacy. Inmates expressed no concerns during interviews of cross-gender viewing during their performance of showering and/or bodily functions. There were no transgender or intersex inmates designated at the facility during the site visit for interview by the Auditors.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . ACCF Policy 12.008
- . Completed PAQ
- . Interviews with random inmates
- . Interviews with random staff
- . Observation of signs and practices during site visit
- . ACCF Inmate Handbook
- . Review of training slide show and attendance signature sheets

Corrective Action: None

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.

The PAQ, and ACCF policy pages 11-12, identify that the agency does not house inmates with a medical classification over the level of two, such inmates with disabilities of being blind, or deaf will not be designated to the facility. The agency provides detailed information regarding their zero tolerance of sexual abuse and sexual harassment in the inmate handbook in both English and Spanish. The agency's zero tolerance of sexual abuse and sexual harassment is stenciled on the wall in each housing unit. PREA posters, flyers, crisis center information and hotline telephone numbers are posted throughout the facilities in both English and Spanish. Documentation was provided as evidence that the agency has a signed agreement with the Alcorn County Sheriff Department to utilize an identified staff member to serve as a Spanish translator. Additionally, the agency established contact with Contra Crisis Center for services as needed to include translations for 12 different languages and are available 24 hours a day. The hotline number is posted on the bulletin board in each housing unit as well as in the inmate dining hall which serves as a multi-purpose room for various inmate programs. Staff acknowledged during interviews the agency's policy regarding inmates not being utilized as inmate interpreters, inmate readers, or other types of inmate assistants under any circumstances other than to provide a staff member of the said inmates' allegation of sexual abuse or sexual harassment to ensure the immediate safety of the said inmate. Inmates stated they have no knowledge of inmates being utilized as interpreters for staff during any type of investigation. No inmates were identified with disabilities or limited English proficient designated at ACCF during the site visit. Therefore, none was available for interview by the Auditors.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interviews with Case Managers
- . Interviews with random inmates
- . Interviews with random staff

Corrective Action: None

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.

An interview with the Officer Manager, documentation in reviewed personnel files, submitted PAQ, and ACCF policy pages 11-14, supports compliance of this standard. Policy prohibits the hiring and or promoting of an employee who may have contact with inmates to include contractors who have been convicted or pending an investigation of engaging in any sexual abuse or attempting to engage in sexual activity with any inmate within a correctional facility. The policy continues in prohibiting the hiring and or promoting of employees to include contractors who have contact with inmates whom are convicted of engaging or attempting to engage in sexual activity in the community by any act of force to include threats, coercion or without consent. The agency will not hire an employee who was discovered during the reference check to have resigned while pending an investigation of sexual abuse and/or sexual harassment. A review of personnel files revealed each staff member signed an acknowledgement form noting no history of the aforementioned as reference in this standard. Applicants received a Disclosure/Release/Authorization Form authorizing the agency to conduct a background investigation upon their request of an application. Staff responded to questions of conviction, and/or engaging in sexual misconduct during the completion of a Hiring and Promotional Decision form. A background check was completed prior to the applicants being selected for interviews. Annual background checks are required to be conducted on each employee. Staff are required to report in writing any allegation, conviction or charge of sexual abuse, sexual assault or sexual harassment that may arise during employment to the Warden within 24 hours of the allegation. The Application for Employment dictates that any information provided by the applicant that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) eliminate the applicant from further consideration for employment, or (II) may result in immediate discharge from the employer's service, when it is discovered. The agency is prohibited by law from providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . Interview with ACCF Office Manager/ Human Resource
- . ACCF Policy 12.008
- . Review of Application for Employment
- . Review of random selection of staff personnel files

Corrective Action: None

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.

The PAQ, completed interviews with the Warden, Agency Head, Investigative Staff and ACCF policy page 14, provided reference to this standard. The facility was opened in a re-start position in December 2015, and additional monitoring capabilities were added by the agency. The Control Center Officer has access and is assigned to monitor 46 adjustable cameras. The Warden, Investigative Staff, and Lieutenants, have access to monitoring via an agency smartphone. Video monitoring is also available in these staff offices for enhanced coverage. The Auditors reviewed the video monitoring system in the control center, offices and assigned staff smartphones. The measures taken by the agency enhanced their ability to protect inmates from sexual abuse.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . Observation during tour
- . Interview with Warden
- . Interview with Agency Head
- . Interview with Chief of Security

Corrective Action: None

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.

The PAQ reports the age range of inmates at the facility is 21 – 65. Therefore, the facility does not house youthful offenders. ACCF policy pages 14-16, addresses requirements within this standard. Per Agency Head, documentation of certification and observation of the Officer's Badge, the ACCF Chief of Security is also a certified law enforcement officer with the Alcorn County Sheriff Department. He is designated as the investigative staff to conduct administrative and criminal investigation within the confines of ACCF. A uniform evidence protocol is utilized during the investigative process that maximizes the potential for obtaining usable physical evidence during administrative proceedings and criminal prosecutions. The Chief of Security/Investigator submits reports of criminal violations directly to the District Attorney's Office for possible prosecution. There have been no reports of sexual abuse, sexual harassment or sexual assault at ACCF and no investigation conducted.

ACCF policy page 15, documents the requirement of all victims of sexual abuse to be offered access to a forensic medical examination without the victim incurring any financial cost. During an interview with medical staff who is also a SANE Practitioner at the agency stated she does not provide forensic medical examinations at the facility. All victims of sexual abuse and/or sexual assault will be immediately escorted to Magnolia Regional Hospital for a forensic medical examination by a SAFE or SANE medical practitioner. There have been no reports of sexual abuse and/or sexual assault; therefore no forensic medical examinations were conducted.

Per PAQ, documentation was maintained of the agency's agreement with Shelter and Assistance in Family Emergencies, (S.A.F. E. Inc.) to provide victim advocate services to inmates and employee victims. ACCF policy identifies the agency's SANE Practitioner to serve as the qualified agency staff member to serve as a victim advocate. Either the agency's SANE Practitioner or the victim advocate from S. A. F. E. Inc., or the agency's SANE Practitioner will accompany and support the victim throughout the forensic medical examination process, investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. There have been no reports of inmates and/or employee victims of sexual abuse, sexual assault and/or sexual harassment at ACCF. Therefore, no services were required.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with ACCF SANE Nurse
- . Review of MOU with Shelter and Assistance in Family Emergencies, Inc.
- . Interview with Alcorn County Sherriff
- . Interview with ACCF Chief of Security/Investigator
- . Training records of Chief of Security/Investigator

Corrective Action: None

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.

This standard was addressed in ACCF policy pages 16-17, the PAQ, and during an interview with the investigative staff. All allegations of sexual abuse and sexual harassment reported by inmates, staff, third party, volunteers and/or contractors must be submitted to the proper investigative staff for investigation. The investigative staff at ACCF completes both administrative and criminal investigations. If the investigator determines the charges are of a criminal nature, his findings will be forwarded to the District Attorney's Office for possible prosecution. ACCF maintains a contract with MDOC for confinement of the inmates assigned. Therefore, all allegations of sexual abuse and/or sexual harassment will be forwarded to the MDOC for input in the agency's Annual PREA Summary Report and posting on their website. There have been no reports of allegations of sexual abuse and/or sexual harassment; therefore, no files were available for review by the Auditors.

Corrective Action: None

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with Warden
- . Interview with Alcorn County Sherriff

- . Interview with Chief of Security/Investigator Staff
- . Interview with MDOC State-wide PREA Coordinator

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.

The PAQ reports there have been 36 employees hired by the agency since the opening in December 2015, All 36 employees have contact with inmates. ACCF policy pages 17-18, notes staff will receive PREA training prior to having contact with inmates. Documentation was reviewed which supports staff acknowledged receiving training in December 2015. Inmates did not arrive at the facility until February 2, 2016. Although the MDOC PREA Compliance Manager, and MDOC State-wide Coordinator assisted in conducting PREA training, the agency's PREA Compliance Managers were responsible for conducting the vast majority of PREA training including continuous training. All new hires reporting after the arrival of inmates were given individual PREA training by the PREA Compliance Managers during orientation. A slide show titled "Prison Rape Elimination Act 2003" was utilized as a training tool. A review of the training materials provided to staff included the ten specific topics found in this standard. The agency and PREA Compliance Managers did a phenomenal job in conducting an enormous amount of PREA training to all staff on a continuous basis. They took a personal interest in learning the DOJ PREA Standards and applying it in their successful efforts of training staff. They provided PREA training to all staff in classroom settings, individual sessions, and development of Staff PREA Handbook, PREA pamphlets, utilizing the National PREA Resource Center for educational material and presenting to staff, providing continuous PREA information throughout the entire facility utilizing flyers, posters, stenciling, etc, and providing staff with PREA pocket cards detailing first responder duties for easy reference. During the site visit, there was an abundance of PREA information made available to staff. The training was tailored to the needs, attributes and gender of male inmates who are designated to the facility. Training rosters document 100% of ACCF employees received PREA training. Upon the completion of PREA training, employees sign a training roster identifying completion of the course. A review of staff training records confirmed staff's acknowledgment of receiving PREA training. The Auditors were very impressed with staff knowledge of their responsibility in preventing, detecting and responding to reports of sexual abuse and sexual harassment, as staff articulated it during the interview process. The agency and Compliance Managers went beyond normal duties and accomplishments in ensuring staff received PREA training and fully understood it. It was evident during the site visit that efforts of the PREA Compliance Managers were appreciated and supported by the Warden, Agency Head and all staff interviewed. The facility has only been in operational status for seven months; therefore, PREA annual refresher training was not yet required.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Review of staff training records
- . Interviews with random staff
- . Review of training curriculum
- . Observation of continuously PREA training during site visit
- . Documentation of received training

Corrective Action: None

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.

The PAQ reports of the 11 volunteers and contractors who have contact with inmates, all have received PREA training. ACCF policy page 19, notes the requirement of training for volunteers and contract workers. However, the agency exceeded the required level of PREA training presented to volunteers and medical contract workers than required. Documentation of PREA training was provided to the Auditors. In-depth PREA training such as noted in the previous standard of employee training was provided to volunteers and medical contract workers. They were provided PREA training in classroom and individual settings. They were also provided with a copy of Staff's PREA Handbook, PREA pamphlets, educational material obtained from the National PREA Resource Center, PREA pocket cards detailing first responder duties for easy reference, access to continuous PREA information throughout the entire facility utilizing flyers, posters, PREA information stenciled on walls, etc. A volunteer Chaplain and medical staff was interviewed and acknowledged receiving PREA training. They also articulated very clearly to the Auditors their responsibilities in regards to the agency's zero tolerance of sexual abuse and sexual harassment, how to avoid inappropriate relationship with inmates, prevention, detection and response of sexual harassment or sexual abuse. The training provided included the mandatory standard to report all incidents, knowledge, or suspicions of sexual abuse or sexual harassment. The PREA Compliance Managers who conducted the vast majority of PREA training, stated increased training was provided to volunteers and contract staff to ensure a better understanding of PREA rather than a limited, as they have interaction with the inmates on a regular basis in some cases as much as agency staff, and are essential to the well-being and safety of the inmates.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Volunteer and contractor training material and documentation of such training
- . Interviews with volunteer and contractor
- . Interview with PREA Compliance Managers

Corrective Action: None

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.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed Pre-Audit submitted by ACCF PREA Compliance Managers
- . ACCF Policy 12.008
- . Training curriculums for inmates
- . Inmate Handbook and PREA pamphlet
- . Review of inmates' files
- . Agreement with Alcorn County Sherriff Department
- . Observation during tour
- . Contra Crisis Center services

Corrective Action: None

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.

The PAQ identified an investigator at the agency. ACCF policy page 21, documents required training of an investigator. The Chief of Security is assigned as the agency's investigator. He is also a certified law enforcement officer of Alcorn County Sherriff Department. This was confirmed by the Agency Head, Alcorn County Sheriff. He completed additional investigative training to include "Investigating Sexual Abuse in a Confinement Setting." He has completed over 240 hours in the certified investigative course. He received training in the proper use of Miranda and Garrity warning, sexual abuse evidence collection in a confinement setting and evidence required to substantiate a case for administrative action or prosecution referral. Documentation of his training was made available for the Auditors. Upon completion of an investigation which warrants criminal charges, the agency's investigative staff forwards the completed investigative report to the District Attorney's Office for possible prosecution.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF policy 12.008
- . Interview with Alcorn County Sherriff
- . Training documentation of investigative staff
- . Interview with investigative staff

Corrective Action: None

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.

Per the PAQ and review of Inmate Housing Agreement between MDOC, and Alcorn County Regional Correctional Facility through Alcorn County MS and Sheriff of Alcorn County MS, the agency does not employ mental health employees. Mental health services are provided through the MDOC. Mental services due to sexual abuse may be offered at S.A.F.E. or MDOC.

Per staff organizational chart, two medical staff are approved and employed at ACCF. One is a SANE practitioner. Both have received extensive training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and who to report allegations of suspicions of sexual abuse and sexual harassment. Although the SANE practitioner is certified to conduct forensic medical examinations, they are not conducted at ACCF. Policy does allow staff to conduct minor first aid prior to the inmate being escorted to the Regional Medical Center for the forensic exam. Certificates of completion for numerous training courses for both medical staff in reference to this standard were provided to the Auditor. The various training received was obtained at outside agencies. Medical staff also completed PREA training through the agency and through the National Institute of Corrections.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF policy
- . Interviews with medical staff
- . Training documentation of medical staff
- . ACCF organizational chart

Corrective Action: None

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.

The PAQ reports 328 inmates entered the facility within the past 7 months (re-opening of the facility) and all were screened for risk of victimization and abusiveness upon their arrival. ACCF policy pages 22-24, addresses requirements of the screening process. Interviews were conducted with two intake screening staff, specifically Case Managers and medical staff. Staff stated inmates are normally screened for risk of victimization upon their arrival and the only circumstances in which they are not would be if the inmate arrived late on a Friday afternoon and no staff was available to complete the screening process. On those very rare occasions, the inmate would be screened not later than the intake screening staff's arrival to work on Monday morning and within 72 hours. During interviews with a random selection of inmates from various caseloads, they all acknowledged being asked question #7 in the interview guide for inmates during the intake screening process. Inmates stated they had not been required to answer these questions again. Intake screening staff utilizes an ACCF PREA Assessment Screening Form that covers all ten topical areas of information as detailed in this standard. Additionally, medical staff utilizes two additional forms to detect possible risk of victimization and abusiveness during medical intake screening. Several questions on the forms require a yes or no answer, but additional information can be included by staff in response to the answers given by the inmate and/or through observation of the inmates' behavior, etc. Intake screening forms completed by the Case Managers are reviewed and signed by the Warden. A review of the intake screening forms revealed staff takes into consideration the information obtained while determining an inmate's possible risk of victimization and abusiveness when considering an inmate's housing assignment. Staff and ACCF policy page 24, identify this information will be shared with staff who has a need-to-know basis regarding the inmates' security and management needs.

Per interviews with intake screening staff and a review of selected inmates' file, no inmates were identified as needing a reassessment within the 21 days which is the allowance time in the agency's policy on page 24. Per the intake screening staff, a reassessment of inmates would be conducted when warranted based upon receipt of additional relevant information. Per the Case Managers and medical staff, no inmates have refused to disclose information that applies to questions about disabilities, gay, lesbian, bisexual, transgender, intersex, gender nonconforming, has previously experienced sexual victimization or the inmates' own perception of vulnerability. Staff and policy acknowledge inmates cannot be discipline for refusing to answer the question. This is noted in the agency's policy on page 24.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interviews with intake screening staff
- . Interviews with random inmates
- . Review of intake screening forms

Corrective Action: None

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.

ACCF policy pages 24-25, addresses mandates of the agency in compliance with proper utilization of screening information. Additional information was obtained during interviews with intake screening staff, specifically Case Managers. Once an inmate has been identified as a victim or perpetrator or as "at risk" as such, the inmate will be immediately removed from the area of threat and Case Managers will review classification options. Options may include change in housing units, work assignments, programming assignment, or transfer. A determination on how to ensure the safety of the inmate identified as "at risk" on a case by case basis by the Case Manager, Warden and MDOC. The MDOC designation center assigns inmates to ACCF. Per the Case Managers, there have not been any inmates identified as transgender or intersex inmate designated to the facility. However, staff stated they are aware of their responsibility to carefully review the inmate for housing and programming assignments on a case-by-case basis. They continued in stating, consideration will be given to ensure the inmate's health and safety and whether the placement would present management or security problems. Policy dictates and staff are aware that they are required to complete reassessment for transgender and intersex inmates at least twice a year to in regards to any threats to safety which may be experienced by the inmate, and the inmate's own views in respect to their safety will be considered. During the site visit, the Auditors observed that all inmates are given the opportunity to shower separately from other inmates. There were no inmates identified as transgender or intersex at the facility for interview by the Auditor.

During the site visit, the Auditors did not observe any dedicated units or wings solely identified as housing for lesbian, gay, bisexual, transgender, or intersex inmates within the agency. During an interview with the Warden, he stated the agency is not legally obligated through a consent decree, legal settlement, or legal judgment for any purpose of protecting the aforementioned.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Observation during tour
- . Interview with Warden
- . Interview with intake screening staff
- . Interview with inmate files

Corrective Action: None

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.

The PAQ reports there has been no inmates placed in involuntary segregation due to being identified as a high risk of sexual victimization. ACCF policy pages 26-27, outlines the agency's standards. The Warden provided information in response to this standard which is included. The agency prohibits the placement of inmates at a high risk of sexual victimization in involuntary segregated housing unless an assessment of all other available alternatives has been reviewed and only then. If a determination is made that there is no available alternative means of separation from the likely abuser, placement would only occur until other arrangements can be made. During a review of the ACCF policy, and an interview with the Warden both states if an assessment cannot be conducted

immediately, an assessment will be conducted within 24 hours of placement in segregated housing. The Warden and Segregation Housing Supervisor reports no inmates have been placed in segregation housing due to being identified as at high risk for sexual victimization or who have alleged sexual abuse. They each stated, although policy dictates that inmates in Administrative Segregation must be reviewed every 21 days, the agency's practice entails that inmates in involuntary segregation are only held until they can be transported to Parchman Farm (Mississippi State Penitentiary) for reclassification which is less than 21 days.

ACCF policy page 26, addresses that in circumstances of an inmate being placed in involuntary segregated housing pending an assessment, the inmate will have access to educational material, mail, canteen, visitation, telephone, legal material, library, religious material, and limited outside recreation privileges. The opportunity for work outside the inmate's cell is limited to areas in which the inmate's safety cannot be compromised. These procedures were confirmed during an interview with supervisory staff of segregated housing. No inmates were assigned to the Segregation Housing Unit during the site visit for interview by the Auditors.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with Segregation Lieutenant
- . Interview with Warden
- . Observation during tour

Corrective Action: None

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.

ACCF policy page 27, addresses the inmates' right and methods to report allegations of sexual abuse and sexual harassment. Inmates are encouraged to report sexual abuse, sexual harassment, and/or retaliation by other inmates and staff as well as to report staff neglect or violation of responsibilities that may contribute to such incidents. Inmates may report verbally to any staff member that is not the subject, or submit a written report to the Chief of Security, Warden, Alcorn County Sheriff, or Case Manager. Staff are accessible to the inmate population during frequent rounds within the housing units, during programming assignments, and other inmate and staff movement. The inmate population received an Inmate Handbook detailing information in English and Spanish on how to report allegations of sexual abuse and sexual harassment. The agency allows third parties to submit reports of allegations of sexual abuse or sexual harassments on behalf of inmates. Inmates are provided information to S.A.F.E. Inc, P.O. Box 985, Tupelo, MS 38802, and MDOC PREA Tip Line 1-800-527-7233, as a method of public entities to report allegations of sexual abuse or sexual harassment. Inmates have access to operational telephones within their respective housing unit that provide them with an opportunity to call the toll free hotline numbers made available to them to report allegations. Of the 10 inmates selected for interviews, all stated they had not made a report to the authorities that they had been sexually abused or sexual harassed while at ACCF.

During the interview process with random inmates, they stated methods of reporting allegations of sexual abuse and sexual harassment was readily accessible to them throughout the facility on posters and flyers. They identified staff by name as those they would report to. They stated they would report to their family members or friends outside the agency if the need arises. The Auditors observed that the staff possessed an approachable demeanor with the inmate population which would increase the inmates inter feelings of comfort in reporting allegations of sexual abuse. Inmates were aware that reports could be made anonymously through phone calls and notes to staff. Inmates reported they felt that any reports given to staff would be properly handled to ensure their safety.

ACCF policy page 27, states all allegations that are reported verbally, are required to be immediately documented and forwarded to the Warden for investigation. All allegations regardless of the reporting procedure will be investigated.

Staff can privately report sexual abuse and sexual harassment of inmates in writing to the agency's Warden or through S.A.F.E Inc., at P.O. Box 985, Tupelo, MS. Staff can submit a verbal report to S.A.F.E. by calling (662) 841-9138.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Review of agency's Memorandum of Understanding with S.A.F.E.
- . ACCF website
- . Inmate handbook
- . Observation of PREA posters and flyers during tour

Corrective Action: None

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.

The PAQ reports that ACCF is not exempt from this standard and has procedures in place to address inmate grievances regarding sexual abuse. However, the agency reports there have been no reports of sexual abuse or sexual harassment. Therefore, no grievances or emergency grievances have been filed alleging sexual abuse in the past seven months for review by the Auditor. ACCF policy page 28-29, addresses the administrative remedy process to be utilized. ACCF is required by the MDOC to forward all inmate administrative grievances to MDOC for acceptance. MDOC will then return the grievance to ACCF for a response. The manner in which an inmate may file a grievance is outlined in the inmate's handbook and the agency's policy. The agency does not impose a time limit on when an inmate can submit a grievance regarding an allegation of sexual abuse, sexual harassment, or retaliation. The agency does not require inmates to use any informal grievance process or to attempt to resolve with staff, an incident of sexual abuse. ACCF policy prohibited grievances of sexual abuse to be submitted to or referred to the subject of the complaint. The agency is required to issue a final agency decision on the merits within 7 calendar days and may request an extension of time to respond up to 5 working days. The agency will provide the inmate who files an emergency grievance of allegations that he is subject to a substantial risk of imminent sexual abuse with an initial response within 48 hours and will issue a final agency decision within 5 calendar days. Inmates who file false grievances related to sexual abuse may be discipline upon the agency demonstrating the grievance

was filed in bad faith. These procedures are outlined in the ACCF policy on page 29. Although the agency reports no administrative remedies have been filed regarding sexual abuse or sexual harassment, the PREA Compliance Managers are clearly knowledgeable of the filing and response procedures.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF policy 12.008
- . Review of Inmate Handbook
- . Interview with ACCF investigative staff
- . Interviews with PREA Compliance Managers
- . Interview with MDOC State-wide PREA Coordinator

Corrective Action: None

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.

The PAQ reports the agency has had no reported allegations of sexual abuse in the past seven months (opening period). Therefore, the Auditor could not conduct any interviews of inmate victims. The agency has entered into a Memorandum of Understanding with Shelter and Assistance in Family Emergencies, Inc. (S.A.F.E.) to provide sexual assault/rape counseling, education and emotional support services related to sexual abuse. Services will be at no cost to the victim and will be conducted in a confidential manner. The mailing address and toll free telephone number to the advocacy group is provided to inmates on inmate bulletin boards, inmate handbook, informational brochures, and discussed during orientation. ACCF policy page 30, require inmates to be informed prior to given access to the victim advocate of the extent in which such communication will be monitored and the mandatory reporting laws that will apply. Inmates were able to provide the Auditors with some of the crisis center support organizations available. They identified locations throughout the facility where this information could be reviewed if needed. No inmates admitted to utilizing the services, but believed they would be able to speak with them at any time, whether through the telephones in their housing unit, or by requesting a call from staff. Inmates reported if they utilized the telephone in the housing units, the calls would be recorded and could be listened by staff. Inmates reported they were informed during PREA training that sexual abuse is considered a crime and the information is required to be reported to law enforcement agencies. The inmates was also aware that family members and friends could make reports on their behalf.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Review of MOU with S.A.F.E.
- . Interviews with inmates

Corrective Action: None

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.

Per the PAQ, the agency has implemented numerous methods for third party reporting of sexual abuse and sexual harassment. Third party reporting procedures are listed on the agency's website, in staff and inmate PREA handbooks, and in the agency's policy on page 30. The hotline telephone number (1-800-527-7233) is provided to the inmate population to allow friends, family, as well as staff an opportunity to report sexual abuse on behalf of the inmate. The telephone number is posted throughout the entire facility for review by staff, inmate visitors, agency visitors, and volunteers.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Inmate and Employee Handbooks
- . Agency website
- . Observation during tour

Corrective Action: None

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.

Per the PAQ, ACCF policy documents this standard on page 32. The agency reports there have been no allegations of sexual abuse or sexual harassment reported. There were no casefiles available for review by the Auditors. Policy does identify reporting duties and procedures. Staff are required to report immediately any suspected or alleged abuse to the Warden. Staff must also immediately report in writing any retaliation against inmate or staff that reported, assisted during an investigation, and any staff neglect or violation of responsibilities that may have

contributed to an incident or form of retaliation. The information concerning the identity of the alleged victim and the specific facts of the case are limited to staff involvement with the victim's total welfare and the investigation to the incident for security and management purposes. Staff are required to report and respond to all allegations of sexual abusive behavior, regardless of the source of the report incident to include third party and those that anonymously reported. ACCF does not house inmates 18 years old or younger.

During an interview with the agency's SANE Practitioner, she reported she have not encountered incidents of inmates reporting sexual abuse, but policy dictates medical staff are required to inform the victim of their duty to report and the limitations of confidentiality prior to service. Medical staff are required to notify MDCO of all reports of sexual abuse in addition to the Chief of Security who is responsible for conducting an investigation. Mental health services will be provided by S.A.F.E. and/or with mental health within the MDOC.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF policy 12.008
- . Interview with investigative staff
- . Interview with medical staff

Corrective Action: None

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.

Per PAQ, the agency reports there have been no incidents reported where it was determined an inmate was subject to substantial risk of imminent sexual abuse. No reported incidents were confirmed by the Agency Head, and Chief of Security. The Agency Head continued in saying, protective measures would be provided immediately to inmates who feared retaliation for cooperating or reporting sexual abuse. There were no actions required by the agency under this standard. Therefore, no documentation was available for review by the Auditor. A review of ACCF policy page 31-31, explains the actions required by staff. The Agency Head and PREA Compliance Managers confirmed procedures in policy to provide protective services for inmates. Protective services provided by the agency include but are not limited to removal of the inmate from the area of threat immediately, conducting an investigation, changing housing assignment, changing work assignment, and transfer of the inmate.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with PREA Compliance Managers
- . Interview with Agency Head
- . Interview with Chief of Security

Corrective Action: None

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.

Per the PAQ, the agency had no reported allegations of sexual abuse in the past seven months; thus, no victims of sexual abuse were available for interview. Policy requirements are noted in agency's policy on page 32. During an interview with the Warden, he explained in cases of an inmate reporting he was sexual abused at a previous confinement facility, he (Warden) would contact the Agency Head where the incident occurred by phone and in writing advising he/she of the allegation. This notification will be made to the affected facility as soon as possible, but not later than 72 hours after becoming aware. Upon being informed of a previous inmate's allegation of sexual abuse having occurred at ACCF, he (Warden) would initiate an investigation of the allegation. A review of the data collected revealed no reports of allegations of sexual abuse.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Review of data collection reports
- . Interview with Warden

Corrective Action: None

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.

Per PAQ the agency first responder duties are listed in the ACCF policy on page 32-34. The agency reported there has been no reported allegations of sexual abused in the past seven months. Therefore, there were neither victims, nor first responders to interview by this Auditor. The agency policy outlines the first responder's duties 1 – 4, by PREA standards, and includes the responsibility of a first responder who is not a security staff member. Staff

received training on their duties as a first responder during orientation and received a PREA pocket card with a listing of the first responder duties 1 – 4. During interviews with random and specialized staff, each was in possess of their issued pocket card and was very knowledgeable of their duties as a first responder.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interviews with random and specialized staff
- . Observation during site visit

Corrective Action: None

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.

ACCF policy page 33, outlines the requirement of this standard. The facility has developed a well written plan that details the coordinating actions in response to an incident of sexual abuse. The plan identifies procedures of the first responder's duties to provide the removal of the victim to a safe environment away from the alleged perpetrator. Policy provide specific details in the plan of actions to include staff notification, instructions for the victim, response protocol, evidence collection, appropriate medical treatment, and advocate support. A detailed report must be provided to the Agency PREA Coordinator within ten days of the occurrence.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Review of agency written facility plan

Corrective Action: None

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)
- ☒ Not Applicable

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.

Per interviews with Agency Head and Warden, and review of ACCF policy page 34, ACCF does not have collective bargaining agreements for employees. This standard is not applicable.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PQA
- . ACCF Policy 12.008
- . Interviews with Warden
- . Interview with Agency Head

Corrective Action: None

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.

The PAQ reports there have been no reported allegations of sexual abuse or sexual harassment. Therefore, there have been no reports of retaliation for reporting and/or assisting during an investigation of sexual abuse or sexual harassment. There were no persons for interview or documentation for review by the Auditors. The PREA Compliance Managers are identified in policy as staff charged with monitoring retaliation and articulated their responsibilities to the Auditors. ACCF policy pages 34-35, require protective measures such as housing changes, work assignment changes, the removal of the alleged staff or inmate abuser from contact with the victim and emotional support for staff or inmate who fear retaliation for cooperating with an investigation or reporting an allegation of sexual abuse or sexual harassment. Staff and inmates who make reports of sexual abuse will be monitored for at least 90 days following a report. The Compliance Managers are required to monitor the conduct and treatment of staff and inmates who report sexual abuse, or have suffered sexual abuse for any changes that may suggest retaliation by inmates or staff. Monitoring of retaliation may continue beyond 90 days if deemed necessary. The policy allows for the agency's obligation of monitoring to be terminated if the agency determines the allegation is unfounded. Staff and inmates interviewed stated, they had no reason to believe that they would not be treated fairly after reporting acts of sexual abuse or cooperating during an investigation and felt comfortable making a report.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interviews with monitoring staff

Corrective Action: None

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.

The PAQ reports no inmates were placed in segregated housing for sexual victimization or who alleged to have suffered sexual abuse since the opening of the facility. No inmates were assigned to segregated housing during the site visit. Therefore, no inmates were available for interview by this Auditor. ACCF policy page 35, states staff will only place an alleged victim in involuntary segregated housing as referred to and under the conditions as described in PREA standard 115.43.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with Segregation Supervisor

Corrective Action: None

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.

The PAQ identify ACCF policy pages 36-37, for this standard. The agency reports there have been no reports of sexual abuse or sexual harassment in the past seven months since a re-start opening on December 10, 2015. No inmates have been consistently assigned to ACCF since August 2012. There were no case files available for review by this Auditor. The Chief of Security has been designated as the investigative staff for the agency and conducts both administrative agency investigations and criminal investigations. He is also a certified law enforcement officer with the Alcorn County Sherrieff Department. He is responsible for conducting both administrative and criminal investigation to include sexual abuse and sexual harassment allegations alleged at the agency. The Auditors utilized the Department of Justice (DOJ) protocols that questioned his knowledge and practice in completing investigations

under PREA standards. The agency policy requires all investigations of sexual abuse and sexual harassment to be conducted promptly, thoroughly, and objectively to include those reported by third-party and anonymously. The Chief of Security have received specialized training which allows him to properly conduct sexual abuse investigations within a confined correctional setting as pursuant to standard 115.34. Courses were completed with both National Institution Correctional PREA Learning Center, and North Mississippi Law Enforcement Training Center. He explained in detail the investigation process in conducting both administrative and criminal investigations, and evidence handling according to the specific requirements of this standard. Upon the completion of the agency's criminal investigations, the investigator forward his concluded report to the District Attorney's Office for possible prosecution. Policy does not allow a pre-judgement of the credibility of the alleged victim, suspect, or witness solely by the person's status whether inmate or staff. The investigator will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device. He explained he would not terminate the investigation based upon the alleged abuser or victim being transferred to another facility or is released from the agency's custody. Additionally, he would not terminate an investigation if the staff member of alleged sexual abuse or sexual harassment resigned during the investigation. At the conclusion of the interview with investigative staff, it was clear to the Auditors that he was very confident and competent in completing his duties as an investigator of sexual abuse and following the protocols under PREA standards. The investigative staff would act as liaison with outside law enforcement agencies to include the District Attorney's Office regarding further actions of the submitted charges.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with Investigative Staff
- . Interview with Warden

Corrective Action: None

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.

ACCF policy page 38, and an interview with investigative staff, he confirmed he is required to impose no higher standard than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated upon the conclusion of the investigation. The agency utilizes a PREA investigative checklist as guidance in collecting sufficient documentation and following procedures during an investigation.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with Investigative staff

Corrective Action: None

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.

The PAQ refer to ACCF policy pages 38-39, as reference to this standard. The agency has an investigative staff who conducts all sexual abuse and or sexual harassment allegations alleged to have occurred at the facility. However, the agency reports there have been no reports of sexual abuse and or sexual harassment in the past seven months. Due to no allegations nor investigations, there is no notification documentation to review for this standard. During an interview with the investigator, he stated at the conclusion of the investigation, he would provide the alleged victim and alleged abuser of his findings in writing, while placing a copy in the investigative file. He added, policy requires utilization of a PREA Sexual Abuse Worksheet throughout the investigation identifying all requirements for sexual abuse investigations that include the victim notification acknowledgement. The agency's PREA policy is consistent with this standard.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACF Policy 12.008
- . Review of PREA Sexual Abuse Worksheet
- . Interview with Investigative staff

Corrective Action: None

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.

ACCF policy pages 39-40, outlines disciplinary sanctions for staff. ACCF employees are subject to the Standard of Employee Conduct as outlined in the agency's employee handbook. The agency will terminate any staff member who engages in sexual abuse as defined under the definition of sexual abuse in PREA standards. The staff member will be referred to the District Attorney's Office for possible prosecution. Per the investigative staff, the agency

reported in the past seven months there has been no reports of employee termination, or resignation from the facility pending an investigation for violation of the agency's sexual abuse or sexual harassment policy. Therefore, no employees have been disciplined for violation of the agency's zero tolerance of sexual abuse and or sexual harassment policy. No employees have been reported to law enforcement officials or licensing boards for violation of the agency's policy.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . ACCF Staff Handbook
- . Interview with Investigative Staff

Corrective Action: None

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)
- ☐ 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 PAQ reports there have been no contractors or volunteers reported to law enforcement agencies or relevant licensing bodies in the past seven months (opening of facility) for engaging in sexual abuse of inmates. There were no disciplinary records for contractors or volunteers for interview by the Auditors. ACCF policy page 40, and an interview with investigative staff consistently state, all contractors and volunteers who engage in sexual abuse with an inmate is prohibited from further contact with all inmates and will be referred for possible prosecution, unless the activity was clearly not criminal. The agency is required to report contractors and volunteers to relevant licensing bodies.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with investigative staff

Corrective Action: None

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.

The PAQ reports in the past seven months, there have been no reports, nor administrative findings of inmate-on-inmate sexual abuse or criminal findings of guilt of inmate-on-inmate sexual abuse. An interview was conducted with the Discipline Hearing Staff. No inmates have received disciplinary sanctions for violation of sexual abuse or sexual harassment while at the auditing facility. ACCF policy pages 40-41, addresses this standard in detail. Disciplinary sanctions for inmates are required to be dispersed after a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The agency has a formalized discipline policy which is used by the Discipline Hearing Staff for applying sanctions for prohibited acts of sexual abuse and or sexual harassment. Sexual activities between inmates are prohibited and the inmates have received disciplinary sanctions for such actions. The agency does not offer therapy, counseling or other interventions program that deals with sexual abuse. The Disciplinary Hearing Officer may discipline an inmate for engaging in sexual contact with a staff member only upon determining staff did not consent to the contact. He is prohibited from applying disciplinary sanctions to an inmate who reported sexual abuse in good faith based on the inmate's reasonable belief that the alleged conduct occurred even though the investigator concludes there is insufficient evidence to substantiate the allegation. The Disciplinary Hearing Officer will take into consideration the offenders' mental disabilities or mental illness which may have contributed to his behavior prior to a determination of sanctions

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with Discipline Hearing Officer
- . Review of inmate disciplinary policy
- . Review of inmate handbook

Corrective Action: None

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.

The PAQ reports there have been no inmates in the past seven months who disclosed prior victimization occurring in a correctional setting or community during screening; therefore, no inmates were required follow-up meetings with mental or medical health practitioners within 14 days as stated in ACCF policy pages 41-42. During interviews within

intake screening staff, they were familiar with the agency's policy and articulated it to the Auditors. Policy requires a prison inmate who has previously perpetrated sexual abuse in an institutional setting or community to be offered a follow-up meeting with a mental health practitioner within 14 days of intake. An inmate identified as having experienced prior sexual victimization either in an institutional setting or in the community will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. ACCF policy appropriately identify the PREA Compliance Managers, Chief of Security, and Warden as staff who will be provided information on an inmate's history related to sexual victimization or abusiveness in determining housing, work, education, program assignments, bed and those required by law.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with medical staff
- . Interview with in-take screening staff

Corrective Action: None

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.

The PAQ reports no inmate victims of sexual abuse in the past seven months; therefore there were neither medical records to review nor inmate victims for interview by this Auditor. During an interview with medical staff, practices were cohesive with ACCF policy pages 43-44. Policy outlines procedures staff are required to implement to providing timely, unimpeded access to medical treatment, and crisis intervention services to the degree determined by medical and mental health practitioners based on their professional judgement. The inmate will be provided minor first aid by qualified medical staff at the agency in a manner that would not compromise the forensic examination that will occur at Magnolia Regional Hospital. In the event no medical staff is on duty upon staff being advised of the sexual abuse, the inmate will be immediately transported to Magnolia Regional Hospital for all medical treatment. The agency's qualified victim advocate (SANE Practitioner) or advocate from S.A.F.E. must be notified and will accompany the inmate. The inmate victims of sexual abuse will be offered timely access to sexually transmitted prophylaxis within a timely manner in accordance with medical standards of care that is medically approved. Services of medical and mental health treatment will be provided to the victim without any financial cost regardless if the victim identify the abuser or cooperate during any investigation that may result from the incident.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . PREA training curriculum
- . Interview with medical staff

Corrective Action: None

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.

ACCF policy pages 44-45, addresses this standard. The agency offers medical and mental health evaluation and appropriate treatment to inmates who have been victimized by sexual abuse in a correctional confinement facility. Treatment will include follow-up service, treatment plans and referral for continued care following their transfer to or placement in other facilities or the victim's release from custody. Inmate victims will be provided ongoing medical treatment at Magnolia Regional Hospital and mental health care at S.A.F.E. Inc. Victims will be provided with medical and mental health services consistent with the community level care. ACCF does not house female inmates. The inmate victims of sexual abuse will be offered tests for sexually transmitted infections as medically appropriate. All treatment of services in regards to the sexual abuse occurring at ACCF will be without cost to the victim. This includes whether or not the victim identifies his abuser or refuse to cooperate with any investigation that may arise out of the incident.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . MDOC Policy 20-14-1
- . ACCF medical staff

Corrective Action: None

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.

The PAQ reports there were no reports of sexual abuse that occurred in the past seven months, or since the opening of the facility. There have been no criminal or administrative investigations of alleged sexual abuse or sexual harassment committed at the facility. This was supported by the monthly data collection reports. Therefore, the

agency reports no sexual abuse incident reviews were required or conducted. ACCF policy page 45-46, addresses this standard. Interviews were conducted with MDOC Compliance Manager, and MDOC State-wide PREA Coordinator. An incident review will be conducted within 30 days of the conclusion of the investigation for all sexual abuse investigations. The Warden, MDOC Regional Compliance Manager, MDOC State-wide PREA Coordinator, will serve as the incident review committee with input from medical, mental health practitioner from MDOC, line staff, and supervisors. Policy states reviews will be occur within 30 days of the conclusion of the investigation. Policy outlines steps 1 – 6 within PREA standards as a requirement. At the conclusion of the investigation, staff are required to implement the recommendations made by the review committee or document the reasons for not doing so.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with investigative staff
- . Interview with PREA Compliance Managers
- . Interview M. Stingley, MDOC State-wide PREA Coordinator
- . Review of monthly data collection reports

Corrective Action: None

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.

ACCF policy page 47, identify the agency's PREA Compliance Managers as being responsible for collecting accurate, uniform data of all allegations of sexual abuse. Staff uses a standardized instrument with a set of definitions and submits a monthly report to the MDOC Northern Region Compliance Manager. The data collected is then forwarded to the MDOC State-wide PREA Coordinator who is responsible for monitoring, and completing the MDOC Annual PREA Report, per MDCO policy, pages 34-35. ACCF reports no allegations of sexual abuse and or sexual harassments were made. This was confirmed during interviews with the MDOC PREA Compliance Manager and MDOC State-wide PREA Coordinator.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . Review of monthly data collection reports
- . ACCF Policy 12.008
- . MDCO Policy 20-14-1
- . Interview with MDOC Regional PREA Compliance Manager
- . Interview with MDOC State-wide PREA Coordinator

Corrective Action: None

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.

ACCF policy page 47, and the Agency Head identify the agency's policy and procedure to review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. An interview with the MDCO State-wide PREA Coordinator and MDCO policy pages 35-36, confirmed she is responsible for ensuring the removal of specific material from the reports that could result in a specific threat to the safety and security to the facility. The Agency Head stated he is responsible for approving annual reports prior to submitting to the MDOC. The Commissioner of the MDOC is the approving official for the final report for the State of MS and for posting on the MDOC website. There have been no reports of sexual abuse and or sexual harassment reported; thus, a correction action has not been required nor reviewed.

Policy, Materials, Interviews, and Other Evidence Reviewed

- . Completed PAQ
- . ACCF Policy 12.008
- . Interview with Agency Head
- . Review of data collected report
- . Review of MDOC Policy
- . Interview with MDOC State-wide PREA Coordinator

Corrective Action: None

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.

During the site visit security of data collected by the agency PREA Compliance Managers was observed to be secured in their office with a locking device. The MDOC Northern PREA Compliance Manager visited the agency during the site visit and was interviewed by the Auditor. A telephone interview was conducted with the MDOC State-wide PREA Coordinator; she stated data collected was secured within the Intelligence Section Department of the MDOC. ACCF is