

**PREA AUDIT REPORT    ☐ Interim    ☒ Final**  
**ADULT PRISONS & JAILS**

**Date of report:** August 10, 2016

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

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 (1<sup>st</sup> shift 7:00 a.m.-7:00 p.m. and 2<sup>nd</sup> 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

## 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

**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,

## 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.

### 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)

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

### **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)



**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,**

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

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

**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

**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

**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

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

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)



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

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

a contract facility for the MDOC. Reports of sexual abuse and sexual harassment allegations are submitted to MDOC Northern PREA Compliance Manager who forwards it to the MDOC State-wide PREA Coordinator. The MDOC State-wide Coordinator is responsible for ensuring the information is readily available to the public annually on the MDOC website. The MDOC Annual PREA Report 2015 is posted on MDOC website for public viewing. These procedures are noted in the ACCF policy page 48, and MDOC policy, page 37.

**Policy, Materials, Interviews, and Other Evidence Reviewed**

- . Completed PAQ
- . MDOC Policy 20-14-1
- . ACCF Policy 12.008
- . Interviews with ACCF PREA Compliance Managers
- . Interview with MDOC Northern PREA Compliance Manager
- . Interview with MDOC State-wide PREA Coordinator

**Corrective Action:** None