# Prison Rape Elimination Act (PREA)Audit Report

## Adult Prisons & Jails

☐ **Interim** ☐X **Final**

**Date of Report: March 17, 2019**

## Auditor Information

| | |
|---|---|
| **Name:** Adam T. Barnett | **Email:** Adam30906@gmail.com |
| **Company Name:** Diversified Correctional Services, LLC | |
| **Mailing Address:** P.O. Box 20381 | **City, State, Zip:** Augusta, Ga. 30906 |
| **Telephone:** 404-683-6844 | **Date of Facility Visit:** January 22 – 24, 2019 |

## Agency Information

| | | | |
|---|---|---|---|
| **Name of Agency:**<br>Alabama Department of Corrections | | **Governing Authority or Parent Agency** *(If Applicable)*: | |
| **Physical Address:** 301 South Ripley St. Montgomery, Alabama 36130 | | **City, State,**<br>**Zip** | |
| **Mailing Address:** P.O. Box 301501 | | **City, State, Zip:** Click or tap here to enter text. | |
| **Telephone:** 334-353-3883 | | **Is Agency accredited by any organization?** ☐Yes ☒No | |
| **The Agency Is:** | ☐ Military | ☐ Private for Profit | ☐ Private not for Profit |
| ☐ Municipal | ☐ County | ☒ State | ☐ Federal |

**Agency mission:-** "The mission of the Alabama Department of Corrections is to confine, manage and provide rehabilitative programs for convicted felons in a safe, secure and humane environment, utilizing professionals who are committed to public safety and to the positive re-entry of offenders into society."

**Agency Website with PREA Information:** www.doc.alabama.gov

| | | | |
|---|---|---|---|
| | | | |
| **Agency Chief Executive Officer** | | | |
| **Name:** Jefferson Dunn | | **Title:** Commissioner | |
| **Email:** Jefferson.dunn@doc.alabama.gov | | **Telephone:** 335-353-3870 | |
| **Agency-Wide PREA Coordinator** | | | |
| **Name:** Christy Vincent | | **Title:** PREA Director | |
| **Email:** Christy.vincent@doc.alabama.gov | | **Telephone:** 334-353-2501 | |
| **PREA Coordinator Reports to:** Jefferson Dunn, Commissioner | | **Number of Compliance Managers who report to the PREA Coordinator** 27 | |
| **Facility Information** | | | |
| **Name of Facility**: Bullock Correctional Facility | | | |
| **Physical Address:** 104 Bullock Dr., Union Springs, Alabama 36089 | | | |
| **Mailing Address (if different than above):** N/A | | | |
| **Telephone Number:** 334-738-5625 | | | |
| **The Facility Is:** | ☐ Military | ☐ Private for profit | ☐ Private not for profit |
| ☐ Municipal | ☐County | ☒ State | ☐ Federal |
| **Facility Type:** | ☐ Jail | ☒ Prison | |
| - **Facility Mission:** "The mission of Bullock County Correctional Facility parallels with that of the Alabama Department of Corrections. This mission is to maintain security and control of inmates sentenced to prison confinement through the courts. Although security and control are the basic assignments of any prison by design, Bullock County Correctional Facility has a dual mission with security being the primary mission and treatment the secondary." | | | |
| **Facility Website with PREA Information:** www.doc.alabama.gov | | | |
| | | | |

| Warden/Superintendent | |
|---|---|
| **Name:** Patrice Richie | **Title:** Correctional Warden III |
| **Email:** Patrice.richie@doc.alabama.gov | **Telephone:** 334-738-5625 |

| Facility PREA Compliance Manager | |
|---|---|
| **Name:** Pamela Butler | **Title:** Correctional Lieutenant |
| **Email:** Pamela.butler@doc.alabama.gov | **Telephone:** 334-738-5625 |

| Facility Health Service Administrator | |
|---|---|
| **Name:** Jessica Duffell | **Title:** Health Service Administrator |
| **Email:** Jessica.duffell@wexfordhealth.com | **Telephone:** 334-738-5625 |

| Facility Characteristics | | | |
|---|---|---|---|
| **Designated Facility Capacity:** 1573 | **Current Population of Facility:** 1459 | | |
| **Number of inmates admitted to facility during the past 12 months** | | | 358 |
| **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:** | | | 358 |
| **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:** | | | 358 |
| **Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:** | | | 579 |
| **Age Range of Population:** | **Youthful Inmates Under 18:** 0 | **Adults:** 18 - 80 | |
| **Are youthful inmates housed separately from the adult population?** | | ☐ Yes ☐ No | ☒0 - N/A |
| **Number of youthful inmates housed at this facility during the past 12 months:** | | | 0 -N/A |
| **Average length of stay or time under supervision:** | | | 0 |

| | |
|---|---|
| **Facility security level/inmate custody levels:** | Min-Level IV |
| **Number of staff currently employed by the facility who may have contact with inmates:** | 264 |
| **Number of staff hired by the facility during the past 12 months who may have contact with inmates:** | 88 (Wexford Contract) |
| **Number of contracts in the past 12 months for services with contractors who may have contact with inmates:** | 1 |

**Physical Plant**

| | |
|---|---|
| **Number of Buildings:** 2 | **Number of Single Cell Housing Units:** 0 |
| **Number of Multiple Occupancy Cell Housing Units:** | 0 |
| **Number of Open Bay/Dorm Housing Units:** | 23 Dorms |
| **Number of Segregation Cells (Administrative and Disciplinary:** | 30 |

**Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):**

The facility is not equipped with a video surveillance system or cameras. The facility has installed 87 mirrors to eliminate blind spots.

**Medical**

| | |
|---|---|
| **Type of Medical Facility:** | On-site 24 Hours Services |
| **Forensic sexual assault medical exams are conducted at:** | One Place off Site Agency |

**Other**

| | |
|---|---|
| **Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:** | Volunteer and Contractors = 96 |
| **Number of investigators the agency currently employs to investigate allegations of sexual abuse:** | Investigations & Intelligence = 33 |

# Audit Findings

## Audit Narrative

**Methodology:**

The PREA audit of the Bullock Correctional Facility (BCF) was conducted January 22 – 24, 2019. BCF is operated by the Alabama Department of Corrections (ADOC). Bullock Correctional Facility hereinafter may be referred to as facility.

The auditor uses a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, practice, interviewed staff, inmates, and local and national advocates to make determinations for each standard.

**Pre-Audit:**

During the pre-audit phase the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. The facility posted the notices in English and Spanish. The auditor received photos of the time-stamp posted notices.

The PREA requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

| Advocacy Organization | Information Request | Response |
|---|---|---|
| Rape Crisis Center/SANE Center: Lighthouse Counseling Center, Inc. | Information requested on 01/04/19 | On 01/04/19@ 11:10am contract agency by phone. Referred to the One Place Justice Center.<br><br>On 02/05/19@10:39am Crystal return auditor's call and an interview was conducted. The facility reported conducting 30 forensic examinations for 2018. |
| One Place Justice Center | Information requested on 01/04/19 | On 01/04/19@ 11:15am contact the agency by phone. Transferred to a staff answering service. Left contact information. |
| Alabama Department of Economic and Community Affairs (ADECA) | Information requested on 11/27/18 | As of 02/04/19, have not received any response. |
| Justice Detention | Information | On 01/04/19@ 12:02pm, a review of their |

| | | |
|---|---|---|
| International (JDI) | request on 01/04/19@ 11:56am. | database indicates that they have not received any information regarding PREA in the past 12 months. |
| National Sexual Violence Resource Center (NSVRC) | Information request on 01/04/19@ 12:06pm | As of 01/04/19, no response.<br><br>01/05/19, email received stating that the agency does not house/collect the requested information. Check with local agencies. |

The auditor or associate asks the local and/or national advocacy organizations the following questions:

1. How many SAFE or SANE referrals made in the last 12 months?
2. Can the inmate remain anonymous, upon request, when making a report?
3. Who do you notify at the facility regarding the report?
4. How many reports have the organization received in the past 12 months for advocacy services?
5. How many inmates reported sexual abuse and/or sexual harassment?

The Pre-Audit Questionnaire was completed and sent to the auditor as required. As a part of the on-site visit the auditor requested that the facility PREA compliance manager review and revised the Pre-Audit Questionnaire to reflect updated information to include the current population.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on the flash drive, to include both the agency and the facility policy and procedures, agency mission statement, daily population report, schematic/layout for the facility, and the last final PREA Audit Report. The facility was provided a list by standards of the documentation reviewed doing the pre-audit phase.

The results of the documentation reviewed were shared with the facility prior to and at the site visit. Phone conversations were conducted, and email exchanges occurred with the facility.

The following documentation was requested for the on-site audit phase:

1. Inmate Roster (100%)
2. Youthful Inmates Roster (100%), if any
3. Notice of Auditor Post (English & Spanish)
4. Inmates with Disabilities
5. Inmates who are Limited English Proficient (LEP)
6. LGBTI Inmates (100%) Documentation
7. Inmates in segregated housing (PREA Related), If any
8. Inmates who Reported Sexual Abuse

9. Inmates who Reported Sexual Victimization During Risk Screening
10. Staff Roster (100%)
11. Specialized Staff List
12. Staff Personnel (Documentation)
13. Inmate Documentations
14. Contractors who have contact with Inmates
15. Volunteers who have contact with Inmates
16. PREA Screening to be taken with the auditor (or Based on the number of inmates interviews)
17. PREA Reassessments, to be taken with the auditor
18. Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months (100%) to be taken with the auditor.
19. All hotline call made during the 12 months
20. A summary of all incidents within the past 12 months (log)
21. Unannounced Rounds Documentation to be taken with the auditor

**On-Site:**

On 01/22/19, the on-site audit phase started with meeting the warden and the facility PREA compliance manager. The entrance conference was held and attended by:

- Patrice Richie, Warden III
- Gwendolyn Babers, Warden II
- Antonio McClain, Warden I
- Taborez Surles, Agency Assistant PREA Director
- Pamela Butler, Facility PREA Compliance Manager
- Adam Barnett, USDOJ Certified PREA Auditor
- Latera Davis, Associate

Welcomes were given by the warden and facility PREA compliance manager. The auditor introduced himself and provided a brief description of his experiences, qualifications, correctional and auditing background. The auditor also shared information regarding Latera Davis, the associate. The Audit Agenda was reviewed and discussed, to include inmate population based on 1st day of on-site audit phase; 2nd and 3rd day activities. Additional pre-audit information requested prior to on-site visit was obtained.

**On-Site PREA Audit**
1001 - 2500 Prisons & Jails

NOTE: Schedule if flexible, please schedule around the facility daily operations.

**Day One**
Tuesday, 01/22/19

| Time | Activity / Auditor |
|---|---|
| 8:30 AM | Arrival at the facility and meet with warden and facility PREA compliance manager. |
| 9:00 AM | Entrance conference- meets key staff members / review agenda and provides a list of documents for on-site review and off-site review; staff and inmates interview selections. |
| 10:00 AM | Facility tour and observations –Adam Barnett; Interviews with random staff, specialized staff, target inmates and random inmates – Latera Davis. |
| 1:00 PM | Interviews with specialized staff – Adam Barnett; Interviews with random staff, specialized staff, target inmates and random inmates continues– Latera Davis. |
| After Leaving Facility | Documentation review at hotel – Adam Barnett |

**Day Two**
Wednesday, 01/23/19

| Time | Activity / Auditor |
|---|---|
| 8:00 AM | Interviews with specialized staff – Adam Barnett, until; Interview target inmates and random inmates- Latera Davis, until; Documentation review at facility and hotel – Adam Barnett. |
| After Leaving Facility | Documentation review at hotel Adam Barnett; Consensus Adam Barnett and Latera Davis. |

**Day Three**
Thursday, 01/24/19

| Time | Activity / Auditor |
|---|---|
| 8:00 AM | Interviews with additional staff or inmates – Adam Barnett; Documentation Request |
| | Exit Conference |

The facility provided the auditors with the requested meeting space, work space with adequate outlets and permissible technology (laptop and cell phone).

**Tour:**

On the first day of the audit after the entrance conference, the auditor toured the physical plant. It was requested that when the auditor paused to speak to an inmate or staff, that staff on the tour please step away so the conversation might remain private. This request was well respected.

During the tour, the auditor observed renovation projects throughout the facility, to include but not limited to: replacing all table and chairs in the dining hall, replacing large cooker in the kitchen, and painting the dining hall. The corridors in dorms C, K, D, and J painting project were completed on 01/21/19. In Dorms K,J, I and G the beds were reduce from double bunks to single bunks allowing staff to observed inmate through direct sight lines. The facility PREA compliance manager explains that these dorms were selected due to high levels on incidents. All beds in the K, J, I and G dorm were painted.

All lights were replaced in K, J, I and G dorms. Showers walls and floors were replaced in the I-2 dorm.

Auditor observed the location of staff having direct viewing of inmate using the toilet and/or showers (this will be address under the findings). The shower and some of the toilet areas allow inmate to have a level of privacy from staff direct viewing. Inmate's phones were checked to ensure they were working and had a dial tone. The inmate's risk screenings start at intake and are completed by classification staff. The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

During the tour, staff and inmates that engaged in conversation with the auditor discussed shortage of staff and their concern with safety issues.

As of 01/22/19, the total number of full time allotted security staff was 335 and the number of staff actually assigned during the first day of the audit was 141.

The auditor observed no video cameras for monitoring. The facility has installed over 87 mirrors to help mitigate blind spots. The mirrors were added throughout the facility to include dorms I1, I2, J1, J2, K1, K2, K3, K4, K5, K6, K7, and G1.

The auditor also observed announcements of female staff entering the male housing units. The auditor had opportunities to view inmate and staff interaction. There was also ample time to observe the nature and quality of inmate supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both inmates and staff.

The PREA standards require the auditor to tour the facility to verify compliance with the standards. The following areas and locations were visited.

| Location | Check |
|---|---|
| Facility Physical Design | ✓ |
| Cameras and Surveillance Technology Deployment (No Cameras System) | ✓ |
| Resident Housing Units/Dorms | ✓ |
| Cross-Gender announcements when entering living areas | ✓ |
| Observe for blind spots | ✓ |
| Notices of the PREA Audit Posted in English and Spanish | ✓ |
| Phones and Kiosks *(Phones only)* | ✓ |
| Holding Rooms/Cells | ✓ |
| Segregated Rooms/Cells | ✓ |
| Inmates Files in Secured Area (Laserfiche System) Hard Copies Central Records | ✓ |
| Staff Personnel Files in Secured Area (Hard Copies at Central Records) | ✓ |
| PREA Information Posted English & Non-English | ✓ |
| Bathroom and shower procedures | ✓ |
| Cameras do not have a line of sight into inmate toilets and showers (No Cameras System) | ✓ |
| New and/or Renovated areas observed | ✓ |
| Inmates Program Areas | ✓ |
| Facility was orderly in appearance (Inmate Behavior) | ✓ |
| Grounds was average | ✓ |
| Reactions between inmates and staff | ✓ |
| Intake Area | ✓ |
| Administration Area | ✓ |
| Storage Rooms & Closets | ✓ |
| Mail Room | ✓ |
| Commissary | ✓ |
| Laundry | ✓ |
| Dining (In the process of being painted and new tablets and chairs during on-site visit) | ✓ |
| Kitchen | ✓ |
| Visitation Area | ✓ |
| Library | ✓ |
| Inside Recreation Area | ✓ |
| Outside Recreation Area | ✓ |
| Grievances – No Grievance Process | ✓ |
| Medical Area | ✓ |
| Mental Health Area | ✓ |
| Classification Area | ✓ |
| Maintenance Area | ✓ |
| Control Rooms | ✓ |
| Program Staff Offices | ✓ |

| | |
|---|---|
| Sally Ports | ✓ |

## Facility Characteristic

**Facility Demographics:**

| | |
|---|---|
| # of Full-Time and Part-Time Staff Reported First Day of Audit | - 172Full-Time and 5 Part-Time = 178BCF<br>- 88 Wexford Health Contract Staff |
| Types of Supervision Practiced: | Custodial Supervision |
| Inmate Housing: # of Housing Units/Pods/Dorms | 16Dormitories (Main Camp)<br>7 Dormitories (Mental Health Camp) |
| # of Segregation Cells (Administrative & Disciplinary) | 30 |
| Facility Inmate Designed Capacity | 1573 |
| Actual Number of Inmate Housed on the first Day | 1459 |
| Number of Youthful Inmates Housed | 0 |
| Custody/Security Level in the facility | Min-Med Level |
| Gender Composition | Males |

**Facility Background, Physical Plant and Security Supervision:**

The Bullock Correctional Facility opened April 1987, with a capacity for 900 inmates. The capacity has increased to 1,609 inmates. The 110 acre facility is located on US Highway 82, 1.5 miles east of Union Springs. Bullock Correctional Facility was constructed for $11,216,000.00. The annual operating budgets have been around $10,000,000.00. Bullock's primary mission is the provision of mental health services. Bullock Correctional Facility is comprised of the mental health unit and the main campus. The inmates assigned to the mental health unit are housed in seven dormitories and a stabilization unit that consists of 30 cells. The cells in the mental health unit are primarily used for inmates under mental health observation and secondarily for administrative and/ or disciplinary segregation purpose. The inmates assigned to the main camp are housed in 23 dormitories and a segregation unit which consists of 30 cells.

The facility has a medium security level. Accordingly, the perimeter security has double 12-foot tall chain link fences with stun capability topped with razor ribbon wire. Additionally, the perimeter is reinforced by an electronic security system. Perimeter security is further augmented by one-armed guard tower and an armed perimeter patrol.

**Facility Programs**

The facility provides the following programs and services.

- Anger Management
- Value Clarification/Reality Therapy
- Stress Management
- Planning For A Better Life
- Trauma
- Long Distance Dad
- Depression
- Anxiety
- Cognitive Behavior Therapy
- Accepting Mental Illness
- Domestic Violence
- Goal Setting
- Re-Entry Program
- Self-Esteem

**Alabama Department of Corrections Mission:**

- "The mission of the Alabama Department of Corrections is to confine, manage and provide rehabilitative programs for convicted felons in a safe, secure and humane environment, utilizing professionals who are committed to public safety and to the positive re-entry of offenders into society."

**Bullock Correctional Facility Mission:**

- "The mission of Bullock County Correctional Facility parallels with that of the Alabama Department of Corrections. This mission is to maintain security and control of inmates sentenced to prison confinement through the courts. Although security and control are the basic assignments of any prison by design, Bullock County Correctional Facility has a dual mission with security being the primary mission and treatment the secondary."

**Staff Interviewed:**

The auditor conducted interviews with the following agency leadership, which are not counted in the totals. Below are the staff interviewed, either on-site or by telephone.

- ADOC Agency Head (Designee) Cheryl Price(via 01/25/19 – Phone)
- ADOC Agency PREA Coordinator – Christy Vincent (via phone)

The facility reported172 full-time staff and 5 part-time staff for 178BCF staff; There is 88 Wexford Health contract staff. The auditor conducted the following specialized staff interviews on-site or via phone:

| Category of Staff Interviewed | #Interviews Conducted |
|---|---|
| Random Staff (Correctional Officers) *Selected from All Shifts* | 15 |
| Specialized Staff (Total) | 23 |
| Staff Informally Interviewed during Facility Tour | 13 |
| Staff Refused to interview | 0 |
| **Total Staff** | **51** |
| **Breakdown of Specialized Staff Interviews** | |
| ✓ Warden<br>- DOJ Interview Questions for Warden<br>- Incident Review Team Member | 1 |
| ✓ Facility PREA compliance manager<br>- DOJ PREA Compliance Manager Questions<br>- Designated staff member charged with monitoring retaliation | 1 |
| ✓ Staff who perform screening for risk of victimization and abusiveness | 2 |
| ✓ Higher-level facility staff responsible for conducting unannounced rounds (captain) | 1 |
| ✓ Mid-level staff responsible for conducting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (lieutenant) | 1 |
| ✓ Line staff who supervise youthful inmates (officer) No youthful inmates | 1 |
| ✓ Education staff who work with youthful inmates (teacher) No youthful inmates | 0 |
| ✓ Staff who supervise inmates in segregated housing<br>✓ Youthful inmates held in segregated housing to provide sight and sound separation (segregation officer) No Youthful inmates | 1 |
| ✓ Medical staff | 1 |
| ✓ Mental health staff | 1 |
| ✓ Nonmedical staff involved in cross-gender strip or visual searches | 1 |
| ✓ Human Resources - HR staff (via Phone) | 1 |
| ✓ SAFE and/or SANE staff – Outside of Facility | 1 |
| ✓ Volunteers who have contact with inmates | 1 |
| ✓ Investigation staff – Agency Level (via Phone: Interview conducted on 02/06/19 at 3:38pm) | 1 |
| ✓ Investigation staff – Facility level | 0 |
| ✓ First responders, security staff | 3 |
| ✓ First responders, non-security staff | 2 |
| ✓ Intake staff | 1 |

| | |
|---|---|
| ✓ Contractors who have contact with inmates | 2 |
| ✓ Program staff (instructor) | 0 |
| **Total Specialized Staff Interviews** | **23** |
| **Staff Informally Interviewed during Facility Tour** | |
| ✓ Random | 6 |
| ✓ Grievance staff | 0 |
| ✓ Staff who tracks incidents | 1 |
| ✓ Law library aide (Civil Immigration & Homeland Security Information) – staff | 0 |
| ✓ Food service manager (PREA training and inmate supervision) | 1 |
| ✓ Count room clerk (tracking potential victims and predators) | 0 |
| ✓ Mail room staff (handling of PREA mail as confidential treatment of legal mail) | 1 |
| ✓ Commissary worker (PREA training and inmate supervision) | 1 |
| ✓ Laundry worker (PREA training and inmate supervision) | 1 |
| ✓ Volunteer coordinator | 1 |
| ✓ Training manager | 0 |
| ✓ Control room staff | 1 |
| ✓ Property room staff | 0 |
| **Total of Additional Staff Interviews** | **13** |

The auditor informally interviewed 13 staff members. A review of the 51 formal and informal interviews revealed that staff at BCF has a basic understanding of PREA and their roles as it relates to PREA responsibilities.

**Inmates Interviewed:**

On the first day of the audit, the facility designated capacity was 1573. The number of inmates housed during the first day of the audit was 1459. The auditor and/or the associate conducted the following inmate interviews during the on-site phase of the audit:

| **Category of Inmates** | **# of Interviews Conducted** |
|---|---|
| Random Inmates***(Selected from all living areas)*** | 28 |
| Targeted Inmates | 18 |
| Inmates Informally Interviewed during Facility Tour | 11 |
| Inmates Refused to Interview | -4 |
| **Total Inmates Interviewed** | **57** |
| **Breakdown of Targeted Inmate Interviews** | |
| ✓ Youthful Inmates | 0 |
| ✓ Inmate with a Physical Disability | 1 |

| | |
|---|---|
| ✓ Inmates who are Blind, Deaf, or Hard of Hearing | 4 |
| ✓ Inmates who are LEP (Spanish) | 0 |
| ✓ Inmates with a Cognitive Disability | 0 |
| ✓ Inmates who Identify as Lesbian, Gay, or Bisexual | 5 |
| ✓ Inmates who Identify as Transgender or Intersex | 0 |
| ✓ Inmates in Segregated Housing for High Risk of sexual Victimization | 0 |
| ✓ Inmates who Reported sexual Abuse that occurred at the Facility | 3 |
| ✓ Inmates who Reported Sexual Victimization During Risk Screening | 5 |
| **Total Number of Targeted Inmates Interviews** | **18** |

The auditor informally interviewed 11 inmates. A review of the total number of 57 formal and informal interviews revealed that inmates at BCF are receiving the proper PREA education. Inmates interviewed could describe PREA and the different ways to report allegations of sexual abuse and harassment at the facility: verbal, written, to staff or third parties, by mail, by telephone, anonymously, to a family member, etc.

**Interviewed Inmates Length of Time at the Facility (Formal Interviews)**

This information helps to clarify some of the inmate's responses to interview questions and ensures that all inmates incarnated before 2013 have received PREA Education.

| Days or Months | Males | Females | Number of Inmates |
|---|---|---|---|
| 1 Day *to* 30 Days | 2 | 0 | 2 |
| 31 Days *to* 60 Days | 4 | 0 | 4 |
| 61 Days to 90 Days | 0 | 0 | 0 |
| 91 Days to 120 Days | 4 | 0 | 4 |
| 5 months to 9 months | 4 | 0 | 4 |
| 10 Months to 12 Months | 2 | 0 | 2 |
| 13 Months to 6 Years | 16 | 0 | 16 |
| 6 Years Plus | 14 | 0 | 14 |
| **Total** | **46** | **0** | **46** |

**Records**

| Name of Record | Total # of Records | Comments |
|---|---|---|
| Personnel Records/Documentation | 178 | Reviewed roster of staff with requested information (Backgrounds Check Dates and 5 Years Due Dates). Documents were reviewed in non-file format. |
| Contractors /Documentation | 88 | Wexford Health Contract Staff – Background checks on contract staff. Documents were reviewed in non-file format. |
| Volunteers /Documentation | 96 | Reviewed list of 96 active volunteers. Documents were reviewed in non-file format. |
| Training Files/Documentation | 178 | Reviewed agency PREA Curriculum and Staff Training Rosters. |
| Inmate Records | 1459 | Reviewed 40 inmates. File reviewed on BCF Laserfiche Management System. Documents were reviewed in non-file format. |
| Inmate Classification PREA Factors Part 1 & 2 (PREA Screenings) | 1459 | Reviewed 142 assessments. Documents were reviewed in non-file format. |
| Medical / Mental Health Referrals | 110 | Reviewed 25 referrals to mental health. |
| Grievance Forms (All Complaints, including Sexual Assaults and Sexual Harassments) | 0 | No grievance process. |
| Incident Reports | 3050 | Reviewed Incident Summary Sheet for 3050 with Class A,B,C, Open and Closed cases. |
| Investigation Records (Sexual Assaults and Sexual Harassments) | 59 | 59 Investigative Reports, Incident Reports, and Duty Officer Reports. |

**Investigations**

Note: Investigators are Law Enforcement Officers (POST)

| # of Allegations | # of Investigations | # of Administrative | # of Criminal |
|---|---|---|---|
| 59 | 59 | 0 | 57 |
| **# of Inmate-Inmate Sexual Harassments** | **# of Inmate-Inmate Sexual Assaults** | **# of Staff-Inmate Sexual Harassments** | **# of Staff-Inmate Sexual Assaults** |
| 2 | 53 | 4 | 0 |
| **# of Inmate-Inmate Referred to Local AD** | **# of Staff-Inmate Referred to Local AD** | **# of Staff Terminated** | **# of Investigations Open** |
| 3 | 0 | 0 | 2 |

**Source of Reporting**

| Source of Report | Number Reported |
|---|---|
| Hotline | **19** |
| Grievances | **0** |
| Reported to Staff | **40** |
| Anonymous, 3rd party | **0** |
| Other Agencies or Facilities | **0** |
| Reported by Staff | **0** |
| **Total** | **59** |

**Hotline Calls:**

- The total number of PREA hotline calls in the past 12 months was 90. Of the 90, 19 were determined to be PREA related calls. The inmate's use #66 and the calls are directed to Alabama Department of Economic and Community Affairs (ADECA).

# Summary of Audit Findings

On 01/24/19, the auditor conducted an exit conference with the agency and facility officials.

The following staff attended the exit conference.

- Patrice Richie, Warden III
- Pamela Butler, Facility PREA Compliance Manager
- Taborez Surles, Agency Assistant PREA Director
- Adam Barnett, USDOJ Certified PREA Auditor

Facility officials were very open and receptive to an honest discussion of areas that where PREA compliant and areas that were non-compliant. The auditor thanked the warden and the staff for the hospitality provided to the auditors and mentioned staff that was exceptionally helpful.

There were four standards needing corrective actions.

The narrative below include a discussion of the evidence relied upon in making the non-compliance determination. The discussion includes corrective action as well as information on specific corrective actions or the response taken by the facility and the auditor's conclusions.

**Standard 115.15 – Limits to Cross-Gender Viewing and Searches.**

**Concern:** The standard requires the facility to implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing.

The dorm areas where inmates perform bodily functions do not prohibit any staff from direct viewing. Some toilets located in the dorms are not sufficiently covered. During the facility tour inmates were observed using the toilet. To block staff direct viewing the inmates use a large trash can to sit on top of the toilet next to them blocking staff direct viewing. This practice was observed in the following dorms:

- ✓ C2
- ✓ C4
- ✓ E2
- ✓ E1
- ✓ D2
- ✓ D1

- **Corrective Action:** The facility will install partitions and provide the auditor with documentation of scheduled renovation dates to make

repairs and pictures of partitions installments. This provision is compliant; the facility has provided the requested pictures on March 15, 2019.

- 

**Concern:** The G1 dorm hall windows where inmates shower do not prohibit any staff or oppose gender from direct viewing. During the facility tour an inmate was observed showering from the outside hall; staff and auditor had a direct view of the inmate's body.

- **Corrective Action:** The facility will request for the Maintenance Department to replace the frost on the lower shower window to block staff direct viewing from the hall. Facility will provided documentation and pictures of the completed work. This provision is compliant; the facility has provided the requested pictures.

**Standard 115.41 - Screening for Risk of Victimization and Abusiveness**

Confidential Communications:

As of 01/21/19, there were three confidential communications from inmates, and none for staff members. The confidential communication from the inmates did not indicate that the inmates were in any imminent harm or threatening self-harm. The inmates were added to the interview list.

Confidential Communication #1: Inmate letter stated that he was in the Faith Based Dorm and the PREA officer move him out of the dorm. His concern is that he has no PREA issues or violations and would like to be place back into the Faith Based Dorm.

- ✓ Interview with inmates indicated that two months ago he was labeled as Sexual Predator. The inmate concern was that the Parole Board will review the PREA labeled as being negative information or feedback.

- ✓ The auditor requested the initial PREA Risk Assessment and any additional re-assessments. On Wednesday, 01/23/19the Classification Office provided the auditor with a copy of the requested documentation. The initial PREA Risk Assessment were dated on 12/22/17 which indicated that the inmate scored as a Sexual Predator and additional documents referred the inmate to Mental Health. Mental health conducted a session on 12/27/17.

- ✓ A second PREA Risk reassessment were conducted on 10/29/18, the inmate scored as a Sexual Predator.

- ✓ To address the inmate concern of moving out of the Faith Based Dorm because of being labeled as a Sexual Predator, the auditor interviewed the

facility PREA compliance manager, it was indicated that Bullock eliminated the Faith Based Dorm on 04/02/18 due to facility renovations. Inmates were and will be moved to different dorms to accommodate the renovation projects.

Confidential Communication #2: The inmate letter stated that he felt compelled to tell the auditor about PREA related issues at the facility. He indicated that the staff was prancing because of the upcoming PREA audit. The PREA staff has tagged random inmates with the status of victim or predator without justification or due process.

- ✓ Letter Number 2 did not have any information to identify the inmate. The PREA auditor could not schedule an interview with inmate. However, it appears that the facility counselors were doing reassessments.

Confidential Communication #3: The inmate letter stated that he would like to request a meeting with the PREA auditor concerning PREA. The letter stated that there are questions he would like to ask regarding PREA.

- ✓ Interview with inmates indicated that 12/02/18 he was labeled as a PREA Victim and was reassigned to another side of the dorm. The inmate concern was that the Parole Board will review the PREA labeled as being negative information or feedback.

- ✓ The auditor requested the initial PREA Risk Assessment and any additional re-assessments. On Wednesday, 01/23/19the Classification Office provided the auditor with a copy of the requested documentation. The initial PREA Risk Assessment was dated on 03/08/17 which indicated that the inmate scored as a Risk for Victimization and additional documents referred the inmate to Mental Health. Mental health conducted a session on 05/02/17.

- ✓ A second PREA Risk reassessment were conducted on 09/07/18, the inmate scored as a Risk for Victimization.

- ✓ During the inmate interview, he was asked if he feels any danger or unsafe in his current living unit. He stated no.

**Standard 115.51 – Inmate Reporting**

**Concern:** The standard requires the agency/facility to provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the of the agency, and that it is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

A check of all inmate phones in the living areas (dorms) revealed that 32 phones were not working. The following are dorms and the number of phones that were not working during the facility tour.

- ✓ C1 – 4 Phones
- ✓ C3– 1 Phone
- ✓ C4 – 2 Phones
- ✓ K3 – 2 Phones
- ✓ K5 – 2 Phones
- ✓ K4 – 3 Phones
- ✓ J2 – 1 Phone
- ✓ I2 – 2 Phones
- ✓ G1 – 1 Phone
- ✓ G2 – 3 Phones
- ✓ F2 – 3 Phones
- ✓ H1 – 1 Phone
- ✓ E2 – 1 Phone
- ✓ E1 – 4 Phones
- ✓ D1 – 1 Phone

    - **Corrective Action:** The facility will provide the auditor with documentation of scheduled phone repairs and documentation of completed work. This provision is compliant; the facility has provided the requested documentation.

**Concern:** Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The facility did not provide available information to inmates who maybe detained solely for civil immigration on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

- The auditor and the facility disused attaining copies of the United States Department of State Consular Notification and Access Document and copies of the Consular and Trade Offices for the State of Alabama; and maintain the information in the Law Library or General Library for inmates review for any inmate that may request the information.

- An email was shared with the auditor for the agency PREA director stating that “We do not hold immigrants in our custody. That should be no-applicable.” The email also stated that “We’re not required to have that because we do not house immigrants.”

- The assistant agency PREA coordinator indicated that the PREA director will get a statement for their Legal Office.

- On 01/26/19, the agency provided the auditor with an affidavit stating that The Alabama Department of Corrections does not detain persons solely for civil immigration purposes. This provision is now rated as compliant.

**Standard 115.53 – Inmate Access to Outside Confidential Support Services**

**Concern:** The standards requires the facility to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies.

Forty-two of interviewed inmates indicated that they were not aware of the outside victim advocates for emotional support services. However, most were aware of the Alabama Rape Crisis Center Lighthouse for collections of forensic medical examinations.

**Concern:** The standards also calls the same outside confidential support services for persons detained solely for civil immigration purposes, immigrant services agencies.

- **Corrective Action:** The facility will publish the outside support services information in the staff/inmate newsletter with the address for emotional support services with the exception of the information for inmates solely for civil immigration purposes. This provision is compliant.

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 20 plus provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The auditor used the *Department of Justice Final Rule for PREA Standards,* published in May 17, 2012. Forty-five Prisons and Jails Standards were audited.

The agency PREA director and the facility PREA compliance manager were very knowledgeable about the PREA requirements and the implementation of processes and systems.

Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report. If the facility does not correct stated concerns within 45 days before the auditor releases the interim report this will start the corrective action process. If the facility corrects the stated concerns within the 45 days and the auditor agrees, then the final report will be released.

**Number of Standards Exceeded: 0**

**Number of Standards Met: 45**

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 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, 115.88, 115.89, 115.401, 115.403

**Number of Standards Not Met: 0**

# PREVENTION PLANNING

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

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

**115.11 (a)**

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒Yes ☐No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒Yes ☐No

**115.11 (b)**

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒Yes ☐No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒Yes ☐No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?☒Yes ☐No

**115.11 (c)**

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)☒Yes ☐No ☐ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one

facility.) ☒Yes ☐No ☐ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC PREA director – Designation and Qualifications
3. List of certified auditors (PRC)
4. Institution compliance manager – Designation and Qualifications
5. Responsibilities and Results (institutional PREA compliance manager)
6. 2018 IPCM Refresher Training Agenda)
7. Memo from warden – Designating the IPCM Back Up Personnel
8. Pre-Audit Questionnaire/Adult Prisons & Jails
9. Interviews:
    a) Agency PREA coordinator
    b) Warden
    c) Facility PREA compliance manager

**A.** Bullock Correctional Facility (BCF) published the agency Policy #454 Inmate Sexual Abuses and Harassment - PREA. The policy mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines procedures and expectations related BCF approach to preventing, detecting and responding to sexual abuse and sexual harassment. It is developed in compliance with the PREA standards for adult prisons and jails and includes definitions of prohibited behaviors regarding sexual assault and sexual harassment for staff and inmate.

The policy also included sanctions for staff and inmate found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance to Employee Discipline policy and

Facility Rule of Conduct and subject to employment termination. Employees are subject to criminal prosecution.

Inmates who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook.

The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmate.

**B.** The agency employs/designates an upper level, agency wide PREA coordinator with sufficient time and authority to develop, implements, and oversees agency efforts to comply with the PREA standards in all facilities. The agency provided additional documentation confirming the agency PREA coordinator and authority. The agency organizational structure was provided showing the position of the agency PREA coordinator. The PREA coordinator has access to the head of the agency and regular communication with the agency's management team.

**C.** The facility designated a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility provided documentation confirming the facility PREA compliance manager appointment. The PREA compliance manager position is located on the facility organizational chart showing who the position reports to. The PREA compliance manager has access and communication with the head and management leadership team of the facility.

**Staff Interview Results:**

- The interview via phone with ADOC agency designee and documentation confirmed appointment of agency PREA coordinator.

- Interview with the agency PREA coordinator indicated that she has sufficient time and authority to coordinate the agency's effort to comply with the PREA standards.

- The warden confirmed the appointment of the facility PREA compliance manager.

- Interview with the facility PREA compliance manager indicated that she had a great deal of correctional experience and sufficient time and authority to coordinate the facility's effort to comply with the PREA standards.

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

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

**115.12 (a)**

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

**115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmate OR the response to 115.12(a)-1 is "NO".) ☐Yes ☐No ☒ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Contract/Receipt of PREA/MOU
3. Pre-Audit Questionnaire/Adult Prisons & Jails
4. Interviews:
    a) Warden

b) Facility PREA compliance manager
c) Agency contract administrator

**A.** BCF is a state operated prison for the confinement of inmates and has adopted and complies with PREA standards guided by ADOC Policy #454. However, BCF does not have authority to contract with other entities for the confinement of inmates.

**B.** BCF does not require confinement of inmates contract monitoring.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of contracts for the confinement of inmates that the facility entered into or renewed since the last PREA audit was zero.

- The number of contracts that did not require contractors to adopt and comply with PREA standards was zero.

**Staff Interview Results:**

- Interview with warden and facility PREA compliance manager indicated that the facility does not contract with other agencies for the confinement of its inmates.

## Standard 115.13: Supervision and monitoring

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

**115.13 (a)**

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

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

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒Yes ☐No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?☒Yes ☐No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmate may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?☒ Yes ☐ No

**115.13 (b)**

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

**115.13 (c)**

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed

to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

**115.13 (d)**

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Staffing Plan SOP/3 Copies of Deviation Log
3. Pre-Audit Questionnaire/Adult Prisons & Jails
4. Complete Facility Staff Work Schedules
5. Daily Population Report

6. Facility Blueprint/Layout
7. Annual Survey on Sexual Violence
8. Security Count Log
9. Supervisory Monitoring Log/Unannounced Rounds
10. Vulnerable Assessment Form
11. Closing of Post Notification
12. Wexford Health Work Schedule
13. Wexford Health Care Unit Employee Contract List
14. Administrative Staff – Roster
15. Inmate Population Report (1st Quarter)
16. Inmate Population Report (2nd Quarter)
17. Inmate Population Report (3rd Quarter)
18. Inmate Population Report (4th Quarter)
19. Security Duty Roster (1st Quarter)
20. Security Duty Roster (2nd Quarter)
21. Security Duty Roster (3rd Quarter)
22. Security Duty Roster (4th Quarter)
23. Staff Sign-in / Out Book
24. Facility Count Sheets
25. Secure Facility Vulnerability Assessment
26. Interviews:
    a) Agency PREA coordinator
    b) Warden
    c) Facility PREA compliance manager
    d) Announced Rounds conducted by Higher-Level Staff
    e) Announced Rounds conducted by Intermediate Level Staff
    f) Nonmedical staff cross gender strip or visual searches

**A.** The agency policy requires BCF to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect inmates against abuse.

According to interviews with management staff and documentation, when the facility calculates adequate staffing levels and determining the need for video monitoring, they consider the following as stated in the standards:

- Generally accepted detention and correctional practices;
- Judicial findings of inadequacy;
- Findings of inadequacy from federal investigative agencies;
- Findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or inmate may be isolated);
- The composition of the inmate population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

- Other relevant factors.

**B.** According to staff interviews and documentation, each time the staffing plan is not complied with the facility documents and justifies deviations from the staffing plan; there were deviations from the staffing plan do to staff shortages. The facility document deviations on the Security Count for BCF which include the date, position title, actual count and the number of security staff shortages.

**C.** Agency and Facility management interviewed indicated that at least once every year the facility, in collaboration with the agency PREA Coordinator, reviews the staffing plan to see whether adjustments are needed in:

- The staffing plan,
- The deployment of monitoring technology,
- The allocation of agency/facility resources to commit to ensure compliance with the staffing plan.

**D.** Staff interviews and documentation indicated that the facility requires that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Facility provided documentation of unannounced rounds, which the rounds cover all shifts to include night and different timeframes. The policy prohibits staff from alerting other staff when unannounced rounds are conducted.

**Staff Interview Results**

- Interview with the facility PREA compliance manager indicated that she is consulted regarding any assessment of or adjustments to, the staffing plan.

- Interview with the warden indicated that the facility has a staffing plan - shift rosters. It was indicated that the staffing plan is built into the original construction of the facility. When assessing adequate staffing levels and the need for video monitoring they consider all of the components listed in the standard. The facility does not have video monitoring.

- Interviews with facility high and intermediate level staff, that conduct and document unannounced rounds, indicated that they are conducting and documenting unannounced rounds. Submitted documentation supported staff comments. Interviewed staff also indicated that policy prohibits staff from alerting other staff and also that they monitor the radio communication. It was recommended that more details be added to unannounced rounds documentation.

## Standard 115.14: Youthful inmate

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

**115.14 (a)**

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

**115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmate and adult inmate? (N/A if facility does not have youthful inmate [inmate<18 years old].) ☐ Yes ☐ No ☒ NA

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

**115.14 (c)**

- Does the agency make its best efforts to avoid placing youthful inmate in isolation to comply with this provision? (N/A if facility does not have youthful inmate [inmate<18 years old].)☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmate daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmate [inmate<18 years old].)☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmate [inmate<18 years old].)☐ Yes ☐ No ☒ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Youthful Inmate SOP/Donaldson CF & Tutwiler CF
3. Statement of Non-Occurrence/Non-Applicability (Facility does not house youthful inmates)
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Random staff (Officers) – line staff
    d) Education Staff
    e) Program staff
    f) Youthful inmates

**A.** A review of documentation and staff interviews indicated that the BCF does not house youthful inmates. However, interviewed staff indicated that if the facility received a youthful inmate they would not place the youth in a housing unit in which the youth would have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. They would not place a youthful inmate in the same housing unit as the adult inmates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of housing units to which youthful inmates were assigned was zero.

- In the past 12 months the number of youthful inmates placed in the same housing unit as adults at this facility was zero.

**B.** Interviewed staff also indicated that if the facility received a youthful inmate, the facility can maintain sight, sound, and physical separation between youthful inmates and adult inmates in areas outside the housing unit; and will provided direct staff supervision to the youthful inmates until the youthful inmate is transferred.

**C.** The youthful inmate, according to staff interviews, will not be placed in isolation to comply with PREA and will not be denied daily large-muscle exercise and any legally required special education services to comply.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates was zero.

**Staff Interview Results**

- Interviews with the facility staff and a review of facility demographics/documentation reveal that BCF does not knowingly admit youthful inmates.

- Interviews with the facility PREA compliance manager and randomly selected staff indicated youthful inmates are not housed at this facility. Interviewed randomly selected staff stated youthful inmates are not housed at this facility and during the audit period, there were no youthful inmates observed.

- Interviews were not conducted with youthful inmates because the facility does not house youthful inmates. Additionally, interviewed staff indicated that they have not worked or supervised youthful inmates.

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

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

**115.15 (a)**

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

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmate in non-exigent circumstances? (N/A here for facilities with less than 50 inmate before August 20, 2017.) ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmate' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmate before August 20, 2017.) ☐ Yes ☐ No ☒ NA

**115.15 (c)**

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

- Does the facility document all cross-gender pat-down searches of female inmate? ☐ Yes ☒ No

**115.15 (d)**

- Does the facility implement a policy and practice that enables inmate to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering a inmate housing unit? ☒ Yes ☐ No

**115.15 (e)**

- Does the facility always refrain from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If a inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

**115.15 (f)**

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

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. OPR #15-004 Limits To Cross-Gender Viewing and Searches (Knock and Announce)
3. Statement of Non-Occurrence/Non-Applicability (Has not had an occurrence of training for cross gender viewing and searchers)
4. Staff Receipt of PREA (See Training Power Point)
5. PREA Security Updates 2018
6. PREA Sign-In Sheet
7. Pre-Audit Questionnaire/Adult Prisons & Jails
8. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Random staff (officers) – non medical
    d) Random inmates
    e) Transgender or intersex Inmates

**A.** Interviewed staff and documentation indicated that the facility does not conduct cross-gender strip or visual body cavity searches of inmates.

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates was zero, and the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by nonmedical staff was zero.

**B.** The facility does not house female inmates.

**C.** The facility does not conduct cross-gender visual body cavity searches and cross-gender pat-down searches of female inmates; the facility does not house females.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of pat-down searches of female inmates that were conducted by male staff was zero.

- The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances was zero.

**D.** The agency has implemented policies and procedures that enable inmates to shower, perform bodily functions, change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Observations of restrooms and shower during the tour confirmed inmates have a level of privacy when using the restroom, showering and changing clothing. PREA friendly shower curtains are at the shower areas to provide a level of privacy. Inmates reported they are never naked in full view of staff; however, there were some dorms where inmates did not have privacy from staff direct viewing.

Policy and procedures require staff of the opposite gender to announce their presence when entering an inmate housing area. During the tour the auditor observed female staff announcing their presence when entering into living areas.

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

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months the number of searches occurred was zero.

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

**Staff Interview Results:**

- Fifteen security staff, representing staff from all shifts, was interviewed. One hundred percent of staff interviewed indicated that conducting cross-gender pat searches to determine one's genital status was not permissible. One hundred

percent of the interviewed staff stated that they were trained on conducting cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The interviewed staff reported that female staff can conduct cross gender pat down searches on male inmates if necessary, but generally, male staff conduct pat down searches. Cross gender pat down search training occurs every year during annual training. Staff reported that, they have not experienced working with any transgender inmates.

- One hundred percent of the staff reported that inmates can dress, shower, and toilet without being viewed by staff of the opposite gender and that female presence on housing units is announced. Staff announced, “Females on floor.” No female inmates are housed at the facility.

**Inmate Interview Results:**

- Twenty-eight random inmates were interviewed. Eighteen of the inmates reported that the presence of female staff is announced all of the time. The remaining 10 reported that the staff is not consistent with the announcements. Four inmates reported that female staff does not work on their unit; and that female staff did not work on all. A majority of the inmates reported being able to dress, shower and toilet without being naked and in full view of female staff. Seven inmates reported that they felt female staff could see them. Several inmates reported that partitions were recently put up within the last year.

**Concerns:**

The standard requires the facility to implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing.

The dorm areas where inmates perform bodily functions do not prohibit any staff direct viewing. Some toilets located in the dorms are not sufficiently covered. During the facility tour inmates were observed using the toilet. To block staff direct viewing the inmates use a large trash can to sit on top of the toilet next to them blocking staff direct viewing. This practice was observed in the following dorms.

- ✓ C2
- ✓ C4
- ✓ E2
- ✓ E1
- ✓ D2
- ✓ D1

    - **Corrective Action:** The facility will install partitions and provide the auditor with documentation of scheduled renovation dates to make repairs and pictures of partitions installments. This provision is now compliant.

The G1 dorm hall windows where inmates shower do not prohibit any staff direct viewing. During the facility tour an inmate was observed showering from the outside hall; staff and auditor had a direct view of the inmate's body.

- **Corrective Action:** The facility will request for the Maintenance Department to replace the frost on the lower shower window to block staff direct viewing from the hall. Facility will provided documentation and pictures of the completed work. This provision is compliant; the facility has provided the requested pictures.

## Standard 115.16: Inmate with disabilities and inmate who are limited English proficient

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

**115.16 (a)**

- Does the agency take appropriate steps to ensure that inmate with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmate who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmate with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmate who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmate with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmate who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmate with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmate who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmate with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmate who have speech disabilities? ☒ Yes ☐ No

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

- Do such steps include, when necessary, ensuring effective communication with inmate who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmate with disabilities including inmate who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmate with disabilities including inmate who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmate with disabilities including inmate who: Are blind or have low vision? ☒ Yes ☐ No

**115.16 (b)**

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmate who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?☒ Yes ☐ No

**115.16 (c)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. State of Non-Occurrence/Non-Applicability (No LEP/Disabled Inmate Orientation)
3. Memorandum – Alabama Institute for the Deaf and Blind & Google Translate Services IPCM
4. Statewide Network of Regional Centers
5. Lower Functioning Information/Materials Used
    a) PREA – What You Need To Know (English and Spanish) Poster
    b) PREA – What You Need To Know DVD (English and Spanish)
6. What you should know about sexual abuse & Sexual Assault (English and Spanish)
7. Pre-Audit Questionnaire/Adult Prisons & Jails
8. Interviews:
    a) Agency head interviewed
    b) Warden
    c) Facility PREA compliance manager
    d) Random staff (officers)
    e) Disabled inmate
    f) Limited English inmate
    g) Inmates who are blind, deaf, or hard of hearing
    h) Inmates who are LEP

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

BCF requires that any inmate who appears to have a condition that would limit the inmate's access to and participation in any program or service offered by the facility, shall be handled as according to agency/ facility policies MOUs.

**B.** The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment

to inmates who are limited English proficient; this includes steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Staff interviews and documentation indicated that onsite or using the internet for interpreting is used for inmates to include Spanish speaking inmates. Outside interpreting services are available to the inmate population as dictated by policy.

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

Staff indicated that inmate interpreters are used sometimes for non-related PREA issues.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations was zero.

**Staff Interview Results:**

- Eight of the interviewed staff reported that resident interpreters were allowed. Two staff members were unaware, if the use of inmate interpreters was allowed. After further probing, several staff provided examples of the use of inmate interpreters; however, it should be also noted that most staff reported rarely having non-English-speaking inmates at the facility.

**Inmates Interview Results:**

- Five targeted disabled inmates were interviewed and reported feeling safe at the facility. Four of the five targeted inmates were legally blind or hard of hearing. One inmate reported that he did not recall anyone going over information on PREA. He also stated that staff did not provide him with assistance, however they would have another inmate, or the chaplain will assist when he is unable to read the content of materials. All but one inmate reported that the disability did not hinder the inmate(s) from receiving information consistent with the random sample of inmates interviewed.

## Standard 115.17: Hiring and promotion decisions

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

**115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmate who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmate who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmate who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmate who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmate who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmate who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

**115.17 (b)**

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

**115.17 (c)**

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

- Before hiring new employees, who may have contact with inmate, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior

institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

**115.17 (d)**

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

**115.17 (e)**

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

**115.17 (f)**

- Does the agency ask all applicants and employees who may have contact with inmate directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmate directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?☒ Yes ☐ No

**115.17 (g)**

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

**115.17 (h)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC Policy #216 – Background Investigations
    a) Form 216-A, *Waiver and Authorization to Release Information*
    b) Form 216-B, *PREA Compliance Form*
    c) Form 216-C, *Personal Information Sheet*
    d) Form 216-D, *NCIC Request Form*
    *e)* Form 216-E, *CRBC Master Log*
    f) Form 216-F, *Institution Log for Visitors/Vendors/Volunteers*
3. Background Investigation Letter to Wardens
4. MEMO: Background Checks
5. Application for Examination
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Human Resources manager (staff)

**A.** BCF requires the facility not to hire or promote anyone who may have contact with inmate, and does not enlist the services of any contractor who may have contact with inmate as listed in this standard to include the following provisions as stated in the PREA standards. The below information is solicited on Form 216 A.

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

2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

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

**C.** Policy requires that before hiring new employees who may have contact with inmates, the agency performs a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of inmate sexual abuse or harassment or any resignation pending an investigation of such allegations.

The Agency/BCF background check system includes the following:

- NCIC (National Crime Information Center)
- Fingerprints
- Obtain ABI/FBI Reports
- Traffic History Check
- LETS (Law Enforcement Tactical System) Alabama based database of offenses committed in Alabama.

In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks was 52.

**D.** Policies and staff interviewed stated that the facility requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of contracts for service where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmate was one.

**E.** The agency requires BCF to conducts criminal background records checks every five years on current employees and contractors who have contact with inmate per staff interviews.

**F.** The facility staff asked applicants and employees who may have contact with inmates directly about previous misconduct; they use a form to document and the agency conducts a driver license background check on all employees. The facility also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA.

**G.** Agency policy prohibits staff from material omissions and the provision of materially false information. This may result in grounds for termination.

**H.** Interviewed HR staff confirmed that the facility will provide information on employment, such as hired and released dates and other basic information; however, they are prohibited for giving detailed information on employee substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer who may request this information.

**Staff Interview Results:**

- Interviewed HR director indicated that Human Resources Department ensures that all employees who are hired have an NCIC background check and are approved. The director also explained LETS (Law Enforcement Tactical System), an Alabama based data base of offenses committed in Alabama.

- Interview with the HR confirms that background clearances are placed in the employee files. The HR staff provided a list of all criminal background clearance dates.

- Interview and documentation from the HR manager indicated the following background checks are conducted for all employees.

- Interview with facility Human Resource staff confirmed a hiring process that is comprehensive and thorough. The facility performs criminal record background checks on all newly hired employees and contractors during the clearance process through the agency.

- Interview with a staff member for the BCF indicated that BCF performs criminal record background checks on all newly hired employees and contractors during the clearance process. This is done regardless of whether they may have contact with offenders. The employee's information is entered into the system, and a response is sent back by BCF.

- Interview with facility Human Resource staff indicated that when a former employee applies for work at another facility, upon request from that facility, they would provide requested information as long as it does not violate policies or

laws. The requesting agency provides an authorization to release information signed by the former employee.

## Standard 115.18: Upgrades to facilities and technologies

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

**115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmate from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)☐ Yes ☐ No ☒ NA

**115.18 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmate from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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**The following evidence was analyzed in making the compliance determination:**
Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC Policy #15-001 – Staffing Plan

3. Surveillance system Schematic
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Agency head interviewed
    b) Warden
    c) Facility PREA compliance manager

**A.** Policy requires that when designing or acquiring any new facility and in planning a substantial expansion or modification of existing facilities, the agency considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Interviews with the PREA compliance manager and warden indicated that there was no major expansion during the past three years. If there was a major expansion, the warden and the facility PREA compliance manager would be involved in any planning.

**B.** The facility management team indicated that the facility did not have a video monitoring system, electronic surveillance system, or other monitoring technology.

**Staff Interview Results:**

- Interviews with the warden and observations indicated that the facility does not have video monitoring system.

# RESPONSIVE PLANNING

## Standard 115.21: Evidence protocol and forensic medical examinations

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

**115.21 (a)**

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

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

**115.21 (c)**

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

**115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers?☒ Yes ☐ No

**115.21 (e)**

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

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

**115.21 (f)**

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs

(a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

**115.21 (g)**

- Auditor is not required to audit this provision.

**115.21 (h)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC Policy #306 – Investigations and Intelligence Division Evidence & Contraband
    a) *Evidence Form* (Incident Report#)
    b) Seized Currency
    c) Evidence/Property Inventory
    d) Evidence Disposal
    e) Condemnation Request Form
    f) MOU: The Lighthouse Counseling Center, INC
3. *National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*

4. NIC Certificate of Completion – PREA: Investigating Sexual Abuse in a Confinement Settings
5. NIC Certificate of Completion – PREA: Your Role Responding to Sexual Abuse
6. PREA Specialized Investigation Training
7. Alabama SANE Centers – Lighthouse counseling
8. Pre-Audit Questionnaire/Adult Prisons & Jails
9. Interviews:
    a) Facility PREA compliance manager
    b) Medical staff
    c) Mental health staff
    d) Facility investigator
    e) Random staff (officers)
    f) SAFE and SANE – Off Site
    g) Inmate who reported sexual abuse

**A.** Policy requires the agency/facility to initiate and/or conduct administrative and criminal sexual abuse investigations to include inmate-on-inmate sexual abuse or staff sexual misconduct. The facility has designated facility staff to initial investigations by collecting documentations, etc. However, the agency investigators follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

**B.** The agency protocol is appropriate, and is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, *"A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,"* or similarly comprehensive and authoritative protocols developed after 2011. The facility does not house youth/adolescents.

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

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of forensic medical exams conducted during the past 12 months was 34.

- The number of exams performed by SANEs or SAFEs during the past 12 months was 34.

- The number of exams performed by a qualified medical practitioner during the past 12 months was zero.

**D.** The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization or a qualified facility staff member. The facility provided documentation that showed efforts to secure services.

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

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

**G.** According to policy the requirements for this standard Provisions 115.21 (a) through (f) also applies to state entities outside of the agency that are responsible for investigating allegations of sexual abuse.

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

**Staff Interview Results:**

- One hundred percent of the interviewed security staff were knowledgeable of at least one staff member(s) responsible for internal investigations. Most of the staff could clearly articulate the intelligence and investigations investigators (I & I), PREA compliance manager, and/or shift commander.

- Most of the staff was able to describe the process and steps required to protect physical evidence; which included securing the area, putting on gloves, protecting the physical evidence, placing physical evidence in a brown bag, place any evidence in the evidence box; requesting the victim to not shower or brush teeth, and immediately seeking medical attention. One-hundred percent of the interviewed staff could articulate immediate notification to the supervisor, as the first process to protect any usable evidence.

- Interviewed SANE nurse for the MOU: The Lighthouse Counseling Center, INC. indicated that the facility has a MOU with the center. Based on her understanding the center bills the agency and not the inmates for services. In the past 12 months the center has provided services for 34 inmates.

**Inmate Interview Results**

- Two inmates at Bullock Correctional Facility reported being sexually harassed at the facility. One inmate reported that the facility did not initially allow him to contact anyone regarding the allegation, and that he was placed in “lock up” until the other person was transferred. He stated that several days later, he could discuss the matter with the facility lieutenant. The second inmate who reported sexual harassment stated that he left a message on the PREA hotline and the lieutenant responded the next day.

- Documentation submitted by the facility and confirmed by the facility PREA compliance manager, indicated that the facility has MOU with an outside provider, which is The Lighthouse Counseling Center, INC.

- Interview with the PREA compliance manager and documentation indicated that there have been no requests or a need for a victim representative to be used at the Bullock Correctional Facility.

- Interview and documentation indicated that there are no SAFEs or SANEs available at the facility; therefore, the Bullock Correctional Facility sends all sexual abuse victims to the Lighthouse for an examination by a SANE nurse.

- Interviewed staff, including the investigator, was familiar with the evidence protocol and roles they would play as first responders. Medical staff related their role in the sexual assault would be to provide any first aid that might be needed because of ensuring immediate medical attention. The staff stated they would “make sure the inmate victim was stable, and preserve the evidence.”

- Interview with the investigator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes the standard Provisions 115.21(g) 1 and 2. Interview with the investigator also indicated that they do not use outside investigators.

- For victims of sexual assault, interviewed staff indicated that the facility would offer all victims access to forensic medical examinations without financial cost. Staff indicated that SANEs/SAFEs services are provided by the Lighthouse.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

**115.22 (a)**

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

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

**115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

**115.22 (c)**

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

**115.22 (d)**

- Auditor is not required to audit this provision.

**115.22 (e)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC Investigation Request (Website)
3. Incident Report
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Agency head
    b) Warden
    c) Facility PREA compliance manager
    d) Facility investigator

**A.** Per interviews with the warden, facility PREA compliance manager, and the facility investigator, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on inmate-on-inmate or staff-on-inmate misconduct through policy guidelines and follow-ups.

The initial investigation begins immediately by the facility. The facility uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Office of Investigations is notified immediately and assumes control of the investigation when appropriate.

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

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

**B.** The agency has in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Per policy, substantiated allegations of conduct that appears to

be criminal are referred for prosecution. Investigations staff imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. ADOC publishes the policy on its website.

**C.** The agency PREA policy covers the responsibilities of criminal investigations outside of the facility.

**D.** The agency PREA policy covers the responsibilities of administrative investigations outside of the facility.

**E.** The Department of Justice / NA.

**Staff Interview Results:**

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

- As previously stated, 100% of the staff are aware that referrals are investigated and who is responsible for conducting the internal and external investigations. Staff identified the intelligence and investigations investigators (I & I), PREA compliance manager, and/or shift commander.

# TRAINING AND EDUCATION

## Standard 115.31: Employee training

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

**115.31 (a)**

- Does the agency train all employees who may have contact with inmate on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmate on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmate on inmate' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmate on the right of inmate and employees to be free from retaliation for reporting sexual abuse and sexual harassment?☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmate on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmate on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmate on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmate on how to avoid inappropriate relationships with inmate? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmate on how to communicate effectively and professionally with inmate, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmate? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmate on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?☒ Yes ☐ No

**115.31 (b)**

- Is such training tailored to the gender of the inmate at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmate to a facility that houses only female inmate, or vice versa? ☒ Yes ☐ No

**115.31 (c)**

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

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

**115.31 (d)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Training Curricula: PREA Employee Training for ADOC Personnel, Contract Personnel, Vendor and Volunteer Personnel
3. What Staff Should Know About Sexual Misconduct (Pamphlet)
4. Training Records: ADOC Staff Receipt of PREA
5. PREA Test
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Random Staff (Officers)

**A.** The facility has trained staff that has contact with inmate on the requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in pre-service orientation training, in-service, and other additional training and includes all requirements. The facility provided copies of the training sessions and rosters.

**B.** Training is tailored to the gender of the inmate at the employee's facility. Review of documentation revealed that staff receives additional training if the staff is reassigned from a facility that houses only male inmates to a facility that houses only female

inmates, or vice versa. The staff will receive this training through additional pre-service training and post assignments.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of staff employed by the facility, which may have contact with inmates, who were trained or retrained on the PREA requirements, was 264.

**C.** Current employees have received training, and the facility has provided each employee with refresher training annually to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures. The agency requires additional training for investigators, health practitioners, and mental health staff to receive additional training specific to their areas of responsibility.

**D.** The facility documents, through employee signature and electronic verification, staff understanding of the training they have received. The agency and BCF documents staff training using the Training Acknowledgement Form and a training roster, which requires the staff and instructor signature and date.

**Staff Interview Results:**

- Interviewed 15 security staff representing the facility's day and night shift, that could articulate most of the topics covered in the PREA training. One hundred percent of the security staff reported being knowledgeable of the topics they had been trained in. The staff could describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well supportive services available to inmates. The staff was able to describe specific details on what they learned on communicating effectively with LGBTI residents and identifying signs of victimization. Staff reported that they received PREA related training when initially hired and annual in-service. When probed, several staff had a difficult time providing examples or information related to what are the unique dynamics of sexual abuse and sexual harassment in confinement settings.

## Standard 115.32: Volunteer and contractor training

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

**115.32 (a)**

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

**115.32 (b)**

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

**115.32 (c)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. MOU: HealthCare Services Agreement (Wexford Health Sources, Inc.)
3. Exhibit B – Staffing Payback Schedule
4. Contractor Training Records – Staff Receipt of PREA
5. MEMO: PREA First Responder Checklist (Received)
6. PREA Contract Training Sign-In Sheet Volunteer training Records – Specialized Chaplaincy Training Documentation
7. Specialized Level II Training Documentation
8. Specialized PREA & Gender Responsiveness 2017 (Signature Sheet)
9. Specialized PREA & Gender Responsiveness 2018 (Signature Sheet)
10. ADOC PREA Training for Volunteer and Contractors Manual
11. Pre-Audit Questionnaire/Adult Prisons & Jails
12. Interviews:
    a) Facility PREA compliance manager

b) Volunteer (2)
c) Contractor (2)

**A.** The agency and BCF trains all volunteers and contractors who have contact with inmates as part of their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

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

**C.** The facility maintains documentation confirming that volunteers and contractors understand the training they received. The agency documents volunteer and contractor training using the Training Acknowledgement Form and rosters, which requires the volunteer, contractor and instructor to sign and date.

**Staff Interview Results:**

- Two contracted staff members were interviewed. Both staffs reported that they have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, intervention, detection, and response. They stated that they received the initial training and they receive refresher training annually. When probed one staff stated that the training consisted of how to report and the steps and procedures for reporting. Both staffs indicated that they would report allegations of sexual abuse and sexual harassment immediately. Reports would be made to the PREA compliance manager or another supervisor. The staff would write a statement and medical staff would conduct a brief medical exam. The contracted mental health staff reported that they would conduct a mental health evaluation to assess the inmate.

## Standard 115.33: Inmate education

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

**115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, does inmate receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

**115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmate either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

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

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

**115.33 (c)**

- Have all inmate received such education? ☒ Yes ☐ No

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

**115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

**115.33 (e)**

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

**115.33 (f)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Inmate Orientation On Sexual Assault
    a) PREA-What You Need To Know (English and Spanish) Poster
    b) Inmate Handbook
    c) Inmate Receipt of PREA/Acknowledgement
    d) What You Should Know About Sexual Abuse and Sexual Assault (English Pamphlet)
    e) What You Should Know About Sexual Abuse and Sexual Assault (Spanish Pamphlet)
    f) Access To Interpreters MOU: Statewide Network of Regional Centers
3. Posters – No Means No (English and Spanish)
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Random inmates
    b) Intake staff

**A.** Staff interviews and documentation reviewed indicated that during the intake process, inmates receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility included the following in the inmate education:

- How to report sexual abuse, sexual harassment and retaliation.
- Free from the threat of sexual misconduct for all inmates.
- A program of prevention, detection, response, investigation.
- All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated.
- You have the right not to be sexually abused or harassed.
- Incidents or suspicions of sexual abuse, sexual harassment and retaliation can be reported to any staff member.

During intake, inmates are given the inmate handbook. During orientation, additional PREA related information is provided, and the PREA video is shown. The staff conducting intake/orientation gives inmates the opportunity to ask questions to clarify anything they do not understand. Inmate acknowledgment statements are provided for receiving PREA information.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates admitted during the past 12 months who were given PREA education information at intake was 579.

**B.** The facility provides education to inmates in person and through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. This information is provided to the inmate within 30 days. Inmate interviews indicated that they receive this information before the 30 days.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to incidents within 30 days of intake was 579.

**C.** All inmates at the BCF received and had been educated on PREA. Inmates that transfer to the facility also receive the required PREA education. Staff interviews indicated that all inmates receive the PREA education upon entering the facility.

**D.** Staff and inmate interviews confirmed that the facility provides inmate education in formats accessible to all inmates, including limited English proficient, deaf, visually impaired, disabled, as well as to inmate who have limited reading skills. Staff and inmate interviews reveal that the facility provides the PREA education in English and Spanish,

to include inmate handbooks and posters. The video is used during orientation as well as in the dorm setting.

**E.** The facility maintains documentation of inmate participation in the education sessions by using the Orientation Checklist. The checklist requires the inmate to sign and date and is witnessed by staff signature.

**F.** In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to inmate through posters, inmate handbooks, and other written formats.

**Inmate Interview Results:**

- Twenty-eight random inmates were interviewed. All but one inmate reported that they received information upon intake and orientation regarding sexual abuse and sexual harassment. The information was provided to them during orientation and they watched a video, within the first two weeks at the facility. Those inmates that had been housed at the facility for more than four years reported that they may not have received information initially, but all inmates received information on sexual abuse and sexual harassment within the last few years. When the auditor asked inmates more specific questions about the information received two inmates reported that they received information on how to report and their rights while housed at another Alabama Department of Corrections facility.

- Upon probing, all inmates reported being aware of the PREA hotline, however most of them did not know who the calls were going too. The inmates reported that the PREA hotline contact information was posted on the walls in the housing area, and every time you pick up the phone there is a prompt telling you about the hotline number. One inmate reported that he did not receive any information from the facility and that he has contacted the PREA hotline three times, and has not received any response. The inmate reported that he is younger and feels that he is being harassed by the “gay inmates.”

- The inmates are provided information regarding sexual abuse and harassment in the facility handbook, with the PREA hotline number and via the facility/department PREA video.

## Standard 115.34: Specialized training: Investigations

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

**115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse

investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

**115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

**115.34 (c)**

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

**115.34 (d)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. NIC Certificate of Completion – PREA: Investigating Sexual Abuse in a Confinement Settings
3. NIC Certificate of Completion – PREA: Your Role Responding to Sexual Abuse
4. PREA Specialized Investigation Training (Online NIC)
    a) Chapter 1: Course Introduction
    b) Chapter 2: PREA Investigation
    c) Chapter 3: Working with Victims
    d) Chapter 4: Interviewing Techniques
5. Chapter 5: Institutional Culture and Investigations
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Facility investigator

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

**B.** The investigators completed the NIC specialized training. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral.

**C.** The agency maintains a list of investigators having completed the required specialized training in conducting sexual abuse investigations.

**D.** The agency will request for any other state agency that investigates sexual abuse in confinement settings received the required PREA training.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of investigators currently employed who have completed the required training was 33.

**Staff Interview Results:**

- Documentation and interview with the Office of Investigations indicated that the agency investigates criminal allegations. These investigations will include allegations of sexual assault and aggravated sexual assault. Agency investigators have received training in the processes related to PREA and will adhere to the recommendation regarding relevant investigations.

- Interviews with the investigators indicated that all investigators received NIC online training specific to conducting sexual abuse investigations in confinement settings.

- Interviews with the Investigators indicated that policy requires that all allegations of sexual abuse or sexual harassment be referred to investigators with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. All agency investigators are trained law enforcement officers.

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

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

**115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

**115.35 (b)**

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

**115.35 (c)**

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

**115.35 (d)**

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

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Staff Receipt of PREA
3. ADOC PREA Training for Volunteer and Contractors (Manual)
4. ADOC Annual In-Service Training (2015)
5. MOU: The Lighthouse Counseling Center, Inc. (SANE)
6. Pre-Audit Questionnaire/Adult Prisons & Jails

7. Interviews:
    a) Facility PREA compliance manager
    b) Medical staff
    c) Mental health staff

**A.** Interview with BCF medical/mental health staff indicated that all full-time and part-time medical and mental health care practitioners who work regularly in the facilities had been trained around:

- How to detect and assess signs of sexual abuse and sexual harassment,
- How to preserve physical evidence of sexual abuse,
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

**B.** The medical staff at BCF does not conduct forensic examinations. The Lighthouse conducts all Sexual Assault Forensic Examinations. The outside examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations.

**C.** The facility maintains documentation that medical/mental health practitioners have received the training referenced in this standard. Training rosters and staff meetings sign-in sheets were submitted to the auditor.

**D.** Interviewed staff indicated that medical and mental health staff also receives the mandated PREA training that is require for all facility staff.

**Staff Interview Results:**

- One medical and one mental health staff was interviewed. Both staffs indicated that they do not conduct forensic examinations. The interviewed mental health staff reported that they receive PREA training from their contracted vendor and the Alabama Department of Corrections on an annual basis. Additionally, the mental health staff serves as trainers, providing PREA related training to facility correctional officers.
- Interviewed staff from the Lighthouse confirmed that they have a MOU with the facility and conducts the forensic examinations.
- The interviewed mental health staff reported that their PREA related training is more in depth, covering treatment plans, follow up services, and counseling. They were also trained on why an inmate should not take a bath and the necessity to preserve evidence.

- The interviewed medical staff also serves as the site supervisor for mental health staff. She reported that she has not received specialized training regarding sexual abuse and sexual harassment. The onsite medical staff would not conduct any forensic exams and that the inmate would be taken to an offsite location for a forensic medical exam.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

**115.41 (a)**

- Are all inmate assessed during an intake screening for their risk of being sexually abused by other inmate or sexually abusive toward other inmate? ☒ Yes ☐ No

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

**115.41 (b)**

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

**115.41 (c)**

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

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization: (2) the age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization: (3) the physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization: (4) whether the inmate has previously been incarcerated?☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization: (5) whether the inmate's criminal history is exclusively nonviolent?☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization: (6) whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization: (8) whether the inmate has previously experienced sexual victimization?☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization: (9) the inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization: (10) whether the inmate is detained solely for civil immigration purposes?☒ Yes ☐ No

**115.41 (e)**

- In assessing inmate for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmate for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmate for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?☒ Yes ☐ No

**115.41 (f)**

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

**115.41 (g)**

- Does the facility reassess a inmate's risk level when warranted due to a: Referral?☒ Yes ☐ No

- Does the facility reassess a inmate's risk level when warranted due to a: Request?☒ Yes ☐ No

- Does the facility reassess a inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

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

**115.41 (h)**

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

**115.41 (i)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC Classification PREA Risk Factors Part 1 of 2
    a) Possible Victimization Risk Factor
    b) Potential Victim
    c) Possible Sexual Predatory Risk Factors
    d) Potential Predator
3. PREA Risk Reassessment
    a) Current Designation Level
    b) Reason for Reassessment
4. Attention: Laserfiche Scanners (IT)
5. Classification Spreadsheet
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
    a) Agency PREA coordinator
    b) Facility PREA compliance manager
    c) Staff who perform Screening for Risk of Victimization and Abusiveness
    d) Random inmates

**A.** The facility assesses inmates during screening to include inmates that transfer from other facilities for risk of being sexually abused.

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

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmate entering the facility within the past 12 months whose length of stay in the facility was for 72 hours or more; who were screened for risk of sexual victimization or risk of sexually abusing other inmate within 72 hours of their entry into the facility was 358.

**C.** The facility uses the agency Screening Form and the Screening for Risk of Victimization and Abusiveness as the objective screening instruments. Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses the agency form and the PREA objective screening instrument to document this process. The PREA objective screening instrument has all of the required criteria. The results of

the assessment are documented on the form whether the inmate is vulnerable or sexually aggressive.

**D.** Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness includes the following:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmate's criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the inmate has previously experienced sexual victimization;
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes.

**E.** The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse from past and previous facilities in determining whether an inmate is at risk for being sexual abuse.

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

**G.** Interviews and documentation reviewed indicated that the staff reassesses the inmate's risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution if the inmate is identified as being at risk for victimization or for being at risk for being sexually abusive from the initial screening.

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

**I.** The agency implements appropriate controls on the dissemination within the facility of responses to questions asked under this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmate as descript above. Management staff indicated that the way the facility controls sensitive information is on a need to know basis.

**Staff Interview Results:**

- Interviewed staff indicated that the facility's PREA compliance manager, intake, investigations, medical, mental health and classification staffs have access to inmates risk assessments to protect sensitive information from exploitation.

- Interviewed staff indicated that the initial risk screening assessment considers all the requirements listed in this standard and reviewed the screening assessment tool with the auditor.

- Interviewed staff indicated that the process for conducting the initial screening is a checklist and a written format using a point system.

- Interviewed staff indicated that the staff does reassess inmate's risk level as needed due to referrals, request, an incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

**Inmate Interview Results:**

- Twelve interviewed inmates were placed at the facility within the last 12 months. Eight inmates recalled being asked questions regarding prior history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual. These questions were asked upon arrival or during the intake/orientation process. One inmate recalled being asked similar questions again since their arrival at the facility.

**Corrective Actions:**

Confidential Communications:

As of 01/21/19, there were three confidential communications from inmates, and none from staff members. The confidential communication from the inmates did not indicate that the inmates were in any imminent harm or threatening self-harm. The inmates were added to the interview list.

Confidential Communication #1: Inmate letter stated that he was in the Faith Based Dorm and the PREA officer move him out of the dorm. His concern is that he has no PREA issues or violations and would like to be place back into the Faith Based Dorm.

- ✓ Interview with inmates indicated that two months ago he was labeled as Sexual Predator. The inmate's concern was that the Parole Board will review the PREA label as being negative information or feedback.

- ✓ The auditor requested the initial PREA Risk Assessment and any additional re-assessments. On Wednesday, 01/23/19 the Classification Office provided the auditor with a copy of the requested documentation. The initial PREA Risk Assessment were dated on 12/22/17 which indicated that the inmate scored as a Sexual Predator and

additional documents referred the inmate to Mental Health. Mental Health conducted a session on 12/27/17.

- ✓ A second PREA Risk reassessment was conducted on 10/29/18, the inmate scored as a Sexual Predator.

- ✓ To address the inmate concern of moving out of the Faith Based Dorm because of being labeled as a Sexual Predator, the auditor interviewed the facility PREA compliance manager, it was indicated that Bullock eliminated the Faith Based Dorm on 04/02/18 due to facility renovations. Inmates were and will be move to different dorms to accommodate the renovation projects.

Confidential Communication #2: The inmate letter stated that he felt compelled to tell the auditor about PREA related issues at the facility. He indicated that the staff was prancing because of the upcoming PREA audit. The PREA staff has tagged random inmates with the status of victim or predator without justification or due process.

- ✓ Letter Number 2 did not have any information to identify the inmate. The PREA auditor could not schedule an interview with inmate. However, it appears that the facility counselors were doing reassessments.

Confidential Communication #3: The inmate letter stated that he would like to request a meeting with the PREA auditor concerning PREA. The letter stated that there are questions he would like to ask regarding PREA.

- ✓ Interview with inmates indicated that 12/02/18 he was labeled as a PREA Victim and was reassigned to another side of the dorm. The inmate concern was that the Parole Board will review the PREA labeled as being negative information or feedback.

- ✓ The auditor requested the initial PREA Risk Assessment and any additional re-assessments. On Wednesday, 01/23/19the Classification Office provided the auditor with a copy of the requested documentation. The initial PREA Risk Assessment was dated on 03/08/17 which indicated that the inmate scored as a Risk for Victimization and additional documents referred the inmate to Mental Health. Mental health conducted a session on 05/02/17.

- ✓ A second PREA Risk reassessment were conducted on 09/07/18, the inmate scored as a Risk for Victimization.

- ✓ During the inmate interview, he was ask if he feel any danger or unsafe in his current living unit. He stated no.

## Standard 115.42: Use of screening information

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

**115.42 (a)**

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

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

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

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

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

**115.42 (b)**

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

**115.42 (c)**

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

- When making housing or other program assignments for transgender or intersex inmate, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?☒ Yes ☐ No

**115.42 (d)**

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

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

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

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

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC Policy #2-010 Housing Designation
3. ADOC Policy 454 Change #5 – Inmate Sexual Abuse and Harassment
4. ADOC Classification PREA Risk Factors
5. PREA Risk Reassessment
6. *Bullock Housing Designation Form*
7. Bullock's Victim/Predator Housing Designation (Main Campus)
8. Pre-Audit Questionnaire/Adult Prisons & Jails
9. Interviews:
    a) Agency PREA coordinator
    b) Facility PREA compliance manager
    c) Staff who perform Screening for Risk of Victimization and Abusiveness
    d) Transgender and intersex inmates
    e) Gay or bisexual inmates

**A.** Agency Policy #454 Inmate Sexual Abuse and Harassment PREA requires the facility to use information from the risk screening to inform management of housing, bed, work, education and program assignments with the goal of keeping separate those inmate at high risk for being sexually victimized from those at high risk of being sexually abusive.

**B.** The facility makes individualized determinations about how to ensure the safety of each inmate using the screening and all documentations from the inmate files or system information to make a recommendation.

**C.** The facility did not have transgender or intersex inmates during the audit period. If the facility were to receive a transgender inmate, in deciding whether to assign a transgender or intersex inmate to a male living unit and in other programs, the facility will consider on a case-by-case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems.

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

**E.** Staff interviews also indicated that transgender or intersex inmate's views concerning safety is given serious consideration in determining their placements.

**F.** Transgender and intersex inmates are given the opportunity to shower separately from other inmates by making a request to staff.

**G.** Interview with the facility PREA compliance manager indicated that the facility would not place lesbian, gay, bisexual, transgender, or intersex inmate in dedicated facilities, units, or wings solely based on identification status for protection. The facility has safety plans if an inmate needs additional safety.

**Staff Interview Results:**

- Interview with the warden and facility PREA compliance manager indicated that the facility would not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing, units, or wings solely based on identification status for protecting such inmate.

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

**Inmate Interview Results:**

- Five targeted inmates interviewed identified as being gay or bisexual. Overall the targeted inmates reported feeling safe at the facility. All the targeted inmates stated that there is not an isolated housing area for LGBTI inmates and that any inmate can shower by themselves if requested. Generally, several inmates shower at the same time on any given day.

## Standard 115.43: Protective Custody

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

**115.43 (a)**

- Does the facility always refrain from placing inmate at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?☒ Yes ☐ No

**115.43 (b)**

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

**115.43 (c)**

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

**115.43 (d)**

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

**115.43 (e)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**
Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. MEMO: Lieutenant Butler – BCF does not house inmates in protective custody
3. MEMO: No Inmates at high risk for sexual victimization were placed in involuntary segregated housing.
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Staff who supervise inmate in segregated housing
    d) Inmates placed in segregated housing for high risk of sexual victimization

**A.** Interviews and documentation review at facility indicated that inmates at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. Interviews also revealed that if an assessment cannot be immediately completed, the facility will hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. Inmates who are involved in a PREA incident may stay in involuntary segregated housing longer than the 24 hours.

**B.** Staff interviews indicated that if an inmate is placed in segregated housing, they will be provided with access to programs, privileges, education, and work opportunities. The facility informs the inmate of the reason why they are or may have limited opportunities to some programs, privileges or education.

**C.** If the facility assigns inmates to involuntary segregated housing, policy requires them to be housed only until an alternative means of separation from likely abusers can be arranged, and assignment does not exceed 30 days.

**D.** Interviewed staff indicated that, if the facility places an inmate in involuntary segregated housing, the facility will document as required.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for 1 to 24 hours awaiting completion of assessment was zero.

- The number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was zero.

- From a review of case files of inmate at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include both (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged reported was zero.

**Staff Interview Results:**

- The warden, in an interview, stated the use of involuntary restricted housing would be a last resort, and if used, an assessment would be conducted documenting that less restrictive means were not available.

# REPORTING

## Standard 115.51: Inmate reporting

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

**115.51 (a)**

- Does the agency provide multiple internal ways for inmate to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmate to privately report: Retaliation by other inmate or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmate to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

**115.51 (b)**

- Does the agency also provide at least one way for inmate to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmate detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?☐ Yes ☒ No

**115.51 (c)**

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

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

**115.51 (d)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. MOU: Alabama Coalition Against Rape
3. MOU: Alabama Department of Economic and Community Affairs
4. Poster: Victim Support Line (English & Spanish)
5. PREA Hotline #66 (English & Spanish)
6. Inmate Envelopes (Director of Investigations & Intelligence Division)
7. Pre-Audit Questionnaire/Adult Prisons & Jails
8. Interviews:
    a) Facility PREA compliance manager
    b) Random staff (officers)
    c) Random inmates

**A.** Interviews with staff, documentation and facility observations indicated that the facility had established procedures allowing for multiple internal ways for inmate to report privately to agency and facility officials regarding sexual abuse and sexual harassment, retaliation by other inmate or staff, to include staff neglect or violation of responsibilities that may contribute to PREA incidents. The following are internal reporting ways:

- Tell family or Legal
- Chaplain
- Reporting to any staff member either verbally or in writing
- Writing an inmate note
- Hotline
- Writing an anonymous note or letter

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

Standard requires inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. This facility does not house inmates detained solely for civil immigration, however the agency provided a sworn affidavit that the ADOC does not detain persons solely for civil immigration purposes.

**C.** The agency policy mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports immediately, but always before leaving the shift.

**D.** The facility ensures that staff can report sexual assaults and harassments privately and the agency informs staff through shift briefing, management meetings and PREA training on how to report privately. Management staff was aware of the mandatory reporting laws for elderly abuse.

**Staff Interview Results:**

- All of the interviewed staff reported that they have multiple means to privately report sexual abuse or harassment. Such reporting opportunities included notify the shift supervisor and completing an incident report, calling the PREA hotline, or reporting on the DOC website.

- The interviewed line staff reported that the inmates can privately report by using an inmate statement form, the hotline number, PREA compliance manager, staff, or family. Such reports can be made verbally or in writing. All the interviewed line staff reported that if an inmate verbally or in writing reports sexual abuse or harassment the allegations are responded to immediately. When probed, staff reported that the verbal report would be documented on an incident report. Such documentation has to be completed immediately but no later than four hours.

**Inmate Interview Results:**

- One hundred percent of the interviewed inmates stated that they can report sexual abuse or sexual harassment by calling the hotline. The inmates understood the purpose of the hotline; however, they did not know what to expect once the hotline was accessed to make a report. Most of the inmates felt that they could make a report in a confidential manner.

- Most of the inmates were aware of multiple ways to report to include but not limited to: the hotline, tell a trusted staff member, notify a relative, tell the lieutenant (PREA compliance manager), or write a letter and place in the medical box. One inmate reported that the phones are turned off at night, when vulnerable inmates are typically taken advantage of.

- Four inmates disclosed that they have reported to authorities, either in person or in writing, that they had been sexually abused or sexually harassed while at the Bullock Correctional Facility.

**Corrective Action:**

The standard requires the agency/facility to provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not

part of the of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

A check of all inmate phones in the living areas (dorms) revealed that 32 phones were not working. The following are dorms and the number of phones that were not working during the facility tour.

- ✓ C1 – 4 Phones
- ✓ C3 – 1 Phone
- ✓ C4 – 2 Phones
- ✓ K3 – 2 Phones
- ✓ K5 – 2 Phones
- ✓ K4 – 3 Phones
- ✓ J2 – 1 Phone
- ✓ I2 – 2 Phones
- ✓ G1 – 1 Phone
- ✓ G2 – 3 Phones
- ✓ F2 – 3 Phones
- ✓ H1 – 1 Phone
- ✓ E2 – 1 Phone
- ✓ E1 – 4 Phones
- ✓ D1– 1 Phone

    - Corrective Action: The facility will provide the auditor with documentation of scheduled phone repairs and documentation of completed work. Requested documentation were provided.

Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The facility did not provide available information to inmates who maybe detained solely for civil immigration on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

- The auditor and the facility disused attaining copies of the United States Department of State Consular Notification and Access Document and copies of the Consular and Trade Offices for the State of Alabama; and maintain the information in the Law Library or General Library for inmates review for any inmate that may request the information.

- An email was shared with the auditor for the agency PREA Director stating that “We do not hold immigrants in our custody. That should be no-applicable.” The email also stated that “We’re not required to have that because we do not house immigrants.”

- The Assistant Agency PREA Coordinator indicated that the PREA Director will get a statement for their Legal Office.

- On 01/26/19, the agency provided the auditor with an affidavit stating that The Alabama Department of Corrections does not detain persons solely for civil immigration purposes. This provision is now rated as compliant.

**Corrective Action:**

The standards requires the facility to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies.

Forty-two of interviewed inmates indicated that they were not aware of the outside victim advocates for emotional support services. However, most were aware of the Alabama Rape Crisis Center Lighthouse for collections of forensic medical examinations.

The standards also calls the same outside confidential support services for persons detained solely for civil immigration purposes, immigrant services agencies.

- **Corrective Action:** The facility will publish the outside support services information in the staff/inmate newsletter with the address for emotional support services with the exception of the information for inmates solely for civil immigration purposes. This provision is compliant.

## Standard 115.52: Exhaustion of administrative remedies

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

**115.52 (a)**

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

**115.52 (b)**

- Does the agency permit inmate to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency always refrain from requiring a inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒NA

**115.52 (c)**

- Does the agency ensure that: A inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)☐ Yes ☐ No ☒ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

**115.52 (d)**

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmate in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)☐ Yes ☐ No ☒ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may a inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

**115.52 (e)**

- Are third parties, including fellow inmate, staff members, family members, attorneys, and outside advocates, permitted to assist inmate in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)☐ Yes ☐ No ☒ NA

- Are those third parties also permitted to file such requests on behalf of inmate? (If a third-party files such a request on behalf of a inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes ☐ No ☒ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)☐ Yes ☐ No ☒ NA

**115.52 (f)**

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

- After receiving an emergency grievance alleging a inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).☐ Yes ☐ No ☒NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)☐ Yes ☐ No ☒ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

**115.52 (g)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. MEMO: Certification – Alabama Department of Corrections does not have a grievance procedure in place
3. ADOC Investigation Request (Online)
4. 1st Quarter – Hotline Calls / Inmate Complaint
5. 2nd Quarter – Hotline Calls / inmate Complaint
6. 3rd Quarter – Hotline Calls / Inmate Complaint
7. 4th Quarter – Hotline Calls / inmate complaint
8. MEMO: BCF did not initiate disciplinary report for false reporting
9. Pre-Audit Questionnaire/Adult Prisons & Jails
10. Interviews:
    a) Facility PREA compliance manager
    b) Inmate who reported sexual abuse

**A.** ADOC does not have a grievances process. Alabama DOC does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse. All information containing allegations of sexual abuse or sexual harassment are submitted to investigations, and the allegation would be investigated.

**B, C, D, E, F, G- N/A**

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was zero.

- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was zero.

- The number of grievances alleging sexual abuse filed by inmate in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline reported was zero.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that was filed in the past 12 months reported was zero.

- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days reported was zero.

- In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith reported was zero.

**Staff Interview Results:**

- Interviewed warden and facility PREA compliance manager indicated that the facility does not have a grievance process.

**Inmate Interview Results:**

- Two inmates reported sexual harassment while housed at Bullock Correctional Facility. One inmate reported that he was not told the results of the investigation and the second inmate reported that he is unaware if his allegation was investigated.

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

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

**115.53 (a)**

- Does the facility provide inmate with access to outside victim advocates for emotional support services related to sexual abuse by giving inmate mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmate and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

**115.53 (b)**

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

**115.53 (c)**

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. MOU: The Lighthouse Counseling Center, Inc.
3. MOU: Alabama Coalition Against Rape
4. Alabama SANE Centers
5. Poster: Non Means No (English and Spanish)
6. Poster: Victim Support Line and PREA Hotline (English and Spanish)
7. RAINN
8. Pre-Audit Questionnaire/Adult Prisons & Jails
9. Interviews:
    a) Facility PREA compliance manager
    b) Random inmates
    c) Inmate who reported sexual abuse

**A.** The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address to the Rape Crisis Center. An interview with the facility PREA compliance manager indicated that the facility is obligated to house adult male inmates.

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

**C.** The facility maintains memorandums of understanding (MOUs) and other agreements with community services providers that are able to provide inmates with emotional support services related to sexual abuse. Documentation of MOUs was provided.

**Inmate Interview Results:**

- Four residents reported being aware of services available to deal with sexual abuse outside of the facility if needed. After probing they could recall seeing information about counseling or victim services, but could not specifically state what or when to access victim advocacy or emotional supportive services. Forty-two interviewed inmates indicated that they were not aware of available services.

- All of the inmates reported having open access to the hotline number. One inmate reported that the phones are turned off at night when vulnerable inmates may be at risk for victimization. Two inmates who reported allegations of sexual harassment while at the facility, stated that the facility did not give them mailing addresses and telephone numbers for outside services. Since they were not offered the services they were unsure when they could speak to the outside provider, what they could discuss, or if the conversation would be confidential.

**Corrective Actions:**

The standards requires the facility to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies.

Forty-two of interviewed inmates indicated that they were not aware of the outside victim advocates for emotional support services. However, most were aware of the Alabama Rape Crisis Center Lighthouse for collections of forensic medical examinations.

The standards also calls the same outside confidential support services for persons detained solely for civil immigration purposes, immigrant services agencies.

- **Corrective Action:** The facility will publish the outside support services information in the staff/inmate newsletter with the address for emotional support services with the exception of the information for inmates solely for civil immigration purposes. This provision is compliant.

## Standard 115.54: Third-party reporting

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

**115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a inmate? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC Online Administrative/Criminal Investigations
3. ADOC Online Investigation Request
4. Poster: Non Means No (English and Spanish)
5. Poster: Victim Support Line and PREA Hotline (English and Spanish)
6. RAINN
7. Pre-Audit Questionnaire/Adult Prisons & Jails
8. Interviews:
    a) Facility PREA compliance manager

**A.** The facility uses the agency website page as one method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through a visitor's information.

**A.** Third-party information is being provided to all visitors regarding their family members that are incarcerated, through the agency website and by communication with the inmate. If at any time an inmate makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the hotline, the family member can make an official report on the inmate's behalf by contacting the agency or facility. All sexual abuse or sexual harassment reports are done discreetly to not compromise the inmate if the abuse is involving a staff.

**Inmate Interview Results:**

- All of the inmates reported having open access to the hotline number as a third party, and stated that they believe the calls are private and confidential.

# OFFICIAL RESPONSE FOLLOWING AINMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

**115.61 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmate or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?☒ Yes ☐ No

**115.61 (b)**

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

**115.61 (c)**

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmate of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

**115.61 (d)**

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

**115.61 (e)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Alabama Code 26-14-3 –Section Mandatory Reporting
3. Incident Reports

4. Refusal of Sexual Assault Examination
5. Corizon: Release of Responsibility (English and Spanish)
6. Memo: BCF had no refusal for consent to treatment
7. Pre-Audit Questionnaire/Adult Prisons & Jails
8. Interviews:
    a) Agency PREA coordinator
    b) Warden
    c) Facility PREA compliance manager
    d) Medical staff
    e) Mental health staff
    f) Random staff (officers)

**A.** Policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether it is retaliation against inmate or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews.

**B.** When sexual abuse incidents occur at the facility, staff interviews indicated that the facility would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, initially to the supervisor or designated investigator. Apart from reporting to designated supervisors or officials and designated State or local services agencies, policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

**C.** The medical and mental health staff understands that they are required to report sexual abuse and to inform inmates of their duty to report and the limitations of confidentiality when providing inmate services.

**D.** The facility does not house youthful inmate under the age of 18; however, if the facility did house a youthful inmate they understand the mandated reporting laws. Staff also indicated that they would report allegations relating to vulnerable adults according to mandated reporting laws.

**E.** Interview with the PREA compliance manager indicated that the facility staff reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to their supervisor, facility PREA compliance manager or an investigator.

**Staff Interview Results:**

- One hundred percent of the staff interviewed reported being aware of the agencies procedure for reporting any information related to an inmate sexual abuse. Interviewed staff could clearly articulate the necessity to report any incident or alleged incident of sexual abuse or harassment immediately. They

are aware of various methods of reporting in writing or verbally to include but not limited to: report to shift supervisor or PREA compliance manager.

- The interviewed medical and mental health staff reported that the inmates are provided information at the initiation of services regarding the limitations of confidentiality and their duty to report. It was also reported that the inmates are required to sign a consent form. The interviewed medical and mental health staff reported that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The reports are made to the immediate supervisor and the PREA compliance manager. Both interviewed medical and mental health staff stated that they have made reports of allegations of sexual abuse or sexual harassment.

- Interview with the warden indicated that all allegations of sexual abuse and sexual harassment to include third-party and anonymous sources are reported directly to the facility PREA compliance manager and investigators.

## Standard 115.62: Agency protection duties

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

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Supporting documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. BCF did not transfer any inmates due to sexual safety
3. BCF did does not house protective custody/voluntary segregation inmates
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Agency head
    b) Warden
    c) Facility PREA compliance manager
    d) Random staff (officers)

**A.** When facility learns that an inmate is at substantial risk of imminent sexual abuse, it takes immediate action by offering the inmate the opportunity to move to different housing area or protection custody until the matter is resolved. The facility also may move the aggressor.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse reported was zero.

**Staff Interview Results:**

- All interviewed staff could articulate the response process if an inmate is at risk of imminent sexual abuse. The staff reported that action is taken immediately to address an inmate who is at risk of sexual abuse by privately talking to the person who may be at risk, immediately notifying the supervisor and separate the victim and perpetrator. Separation may include moving someone to a different unit or placing the victim in a room closer to the shift office. All the staff reported that information would only be shared with necessary parties. More specifically, staff described not sharing information with other inmates or unnecessary staff.

- All the interviewed staff could articulate the response process if an inmate is at risk of imminent sexual abuse. The staff reported that action is taken immediately to address an inmate who is at risk of sexual abuse, by immediately notifying the supervisor and separating the victim and perpetrator. All the staff reported that information would only be shared with necessary parties.

- Interview with the warden indicated that when they learn that and inmate is subject to a substantial risk of imminent sexual abuse, the inmate maybe protected by moving to another housing unit or transferring the abuser.

## Standard 115.63: Reporting to other confinement facilities

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

**115.63 (a)**

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

**115.63 (b)**

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

**115.63 (c)**

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

**115.63 (d)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Reporting to other Confinement Facilities

3. Statement of Non-Occurrence: BCF no allegation of an inmate being sexually abused while confined at another facility
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Agency head
    b) Warden
    c) Facility PREA compliance manager

**A.** The facility has not received an allegation that an inmate was sexually abused while confined at another facility. Per staff interviews, the facility will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

**B.** Policy requires the warden or designated staff to provide notification to the other facility head as soon as possible but always in 72 hours after receiving the allegation with documentation of reporting.

**C.** The facility documentation is informed of an incident.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- During the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was zero.

**D.** Staff interviews indicated that when receiving allegations reported from other facilities, they would complete an incident report and send for investigation. The facility uses the same process of reporting in-house allegation of sexual abuse and sexual harassment for inmates that report allegations of sexually abused while confined an another facility to investigations.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.

**Staff Interview Results:**

- Interview with the warden indicated when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at their facility involving staff, they would put that staff on no-contact. If it involves an inmate, they will monitor that inmate until the investigation is completed.

## Standard 115.64: Staff first responder duties

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

**115.64 (a)**

- Upon learning of an allegation that a inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?☒ Yes ☐ No

- Upon learning of an allegation that a inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

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

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

**115.64 (b)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making the compliance determination:**

Supporting documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC: A Trauma-Informed Guide for First Responders
3. Sexual Abuse First Responder Checklist (Non-Security)
4. Sexual Abuse First Responder Checklist (Security)
5. Investigations Mapping
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
    a) Security staff who have acted as first responder
    b) Non-security staff who acted as first responder
    c) Inmate who reported sexual abuse

**A.** Interviews with staff and staff training indicated when staff learn of an allegation that a inmate was sexually abused, the first security staff to respond separates the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence; to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

**B.** According to non-security staff, if they are the first responder they will request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of allegations that inmates were sexually abused was 59.

- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was 59.

- In the past 12 months, the number of allegations where staff was notified within a period that still allowed for the collection of physical evidence was 34.

**Staff Interview Results:**

- Three first responder staff members were interviewed. The staff was able to describe the actions they would take as a first responder. Such actions included but was not limited to: separate the victim and perpetrator, place one on segregation, report immediately to the supervisor, take to medical for a

healthcare assessment, encourage the inmate not to shower or brush teeth, place “suspect” in isolation so they won’t contaminate the scene, secure the crime scene, and bag and tag evidence. When probed one of the first responders could not clearly articulate or was not aware of the process to collect evidence.

**Inmate Interview Results:**

- Two inmates disclosed that they have reported to authorities, either in person or in writing, that they had been sexually harassed while at the facility. One inmate reported that staff responded within five days and the other inmate reported that staff responded the next day. One inmate stated that the delay was due to the initial officer that he notified. He stated that the officer wouldn’t let him talk to the lieutenant immediately; therefore it took him five days to discuss his allegation.

- One of the two targeted inmates stated that staff responded quickly. When the initial allegation was made staff immediately took a report. One targeted inmate stated that upon the lieutenant becoming aware of the allegation, he was taken to medical. While at medical he was notified how to press charges; however, no one offered him counseling or supportive services. One targeted inmate reported that he was being sexually harassed therefore seeking medical attention was not necessary.

- After further probing, both inmates reported that they were sexually harassed and in fear that the threat of sexual abuse was going to occur. Due to the nature of the allegations, the targeted inmates did not feel it was necessary nor were they offered information about sexually transmitted infection prophylaxis or testing for sexually transmitted infections.

- Both inmates reported that they were not offered to contact anyone after reporting the sexual harassment allegation. One inmate reported that he attempted to speak to his lawyer however was not allowed because he was initially placed on the lock up unit until the other inmate was transferred to another prison. Both inmates reported that the facility did not provide mailing addresses or telephone numbers for outside services. Both inmates were unaware how they would’ve accessed outside supportive services. Since the inmates were not offered the supportive services, they are unaware if they are able to have confidential communication with outside supportive services.

## Standard 115.65: Coordinated response

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

**115.65 (a)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC Policy #15-005 Sexual Abuse Coordinated Response (First Responder)
3. ADOC: A Trauma-Informed Guide for First Responder
4. Sexual Abuse First Responder Checklist (Non-Security)
5. Sexual Abuse First Responder Checklist (Security)
6. Investigations Mapping
7. Pre-Audit Questionnaire/Adult Prisons & Jails
8. Interviews:
    a) Warden
    b) Facility PREA compliance manager

**A.** The facility policy response protocol provided guidelines for staff a written plan to coordinate actions taken in response to an incident of sexual abuse; among staff were first responders, medical and mental health practitioners, investigators, and facility leadership. The agency policy gives guidelines for the Inmate Sexual Abuse Coordinated Response Plan.

**Staff Interview Results:**

- Interviewed warden and the facility PREA compliance manager indicated that policy establishes the protocol for coordinated response and the policy is used as the written documentation.

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Memo: ADOC Personnel Department
3. Pre-Audit Questionnaire/Adult Prisons & Jails
4. Interviews:
    a) Agency head
    b) Warden
    c) Facility PREA compliance manager

**A.** Staff interviews and documentation indicated that facility does not have a collective bargaining agreement that limits BCF's ability to remove alleged staff sexual abusers from contact with inmates.

**B.** Because there is no collective bargaining agreement, there is no inconsistency with the standard.

**Staff Interview Results:**

- Interview with the warden and facility PREA compliance manager indicated that the facility does not have collective bargaining agreements.

## Standard 115.67: Agency protection against retaliation

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

**115.67 (a)**

- Has the agency established a policy to protect all inmate and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmate or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

**115.67 (b)**

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

**115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:

Monitor the conduct and treatment of inmate or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmate or staff? ☒ Yes ☐ No

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

**115.67 (d)**

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

**115.67 (e)**

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

**115.67 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Statement of Non-Occurrence: No inmates were moved due to retaliation
3. Bullock's Victim/Predator Housing Designation (Main Camp) Spreadsheet
4. PREA Sexual Abuse Retaliation Monitoring Documentation
5. Statement of Non-Occurrence: No inmates were transferred due to sexual safety
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
    a) Agency head
    b) Warden
    c) Facility PREA compliance manager
    d) Designated staff member charged with monitoring retaliation
    e) Inmates placed in segregated housing for high risk of sexual Victimization
    f) Inmate who reported sexual abuse

**A.** Facility prohibits retaliatory behavior by inmates or staff in regards to the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it relates PREA related incidents and allegations. Inmate's rights documentation and staff policy establish expected facility conduct. The facility PREA compliance manager is responsible for monitoring retaliation along with supervisors to monitor inmates as it relates to PREA allegations and incidents.

**B.** The facility has several protection and reporting measures, for inmates. The process is overseen by the facility PREA compliance manager who works in concert with the facility management team and supervisors to ensure privacy and policy compliance. The facility has the option to change inmate housing or transfer inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

**C.** The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation, the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of inmate or staff who reported the sexual abuse; and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmate or staff; and act promptly to remedy any retaliation. Items the facility should monitor include inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

**D.** If an inmate is being monitor, the facility PREA compliance manager indicated that the monitoring include periodic status checks, visiting the inmate in different locations around the facility.

**E.** Interviewed facility PREA compliance manager also indicated that if any volunteer, intern or contractor cooperates with an investigation expresses a fear of retaliation that the same process for monitoring staff will be implemented.

**F.** The facility's obligation to monitor will terminate if the investigations determines the allegation is unfounded.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of times an incident of retaliation occurred in the past 12 months was zero.

**Staff Interview Results**

- Interviewed staff indicated that when preventing retaliation against inmate and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment, Investigations would change inmate housing or transfer an inmate, remove alleged abusers, and refer inmate to counseling for services. When preventing retaliation against staff, they would change the staff shift or change the staff work details.

- Interviewed staff indicated that they would monitor the inmate at least weekly. However, this process would end around 90 days.

- Interviewed staff indicated that there were no complaints from inmates alleging retaliation from staff or inmates alleging retaliation.

## Standard 115.68: Post-allegation protective custody

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

**115.68 (a)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Statement of Non-Occurrence: No inmates house in involuntary segregated housing
3. Statement of Non-Occurrence: BCF does not house inmates for voluntary segregation protective custody
4. Bullock's Victim/Predator Housing Designation (Main Camp)
5. PREA Sexual Abuse Retaliation Monitoring
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
    a) Warden

b) Facility PREA compliance manager
c) Staff who supervise inmates in segregated housing
d) Inmates placed in segregated housing for high risk of sexual victimization

**A.** The facility uses segregated housing to protect an inmate who is alleged to have suffered sexual abuse is based on the requirements of standard 115.43. Interviews and documentation reviewed indicated that inmate at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from abusers. Interviews also revealed that if an assessment cannot be immediately completed, the facility will hold the inmate in involuntary segregated housing for 24 hours while completing the assessment.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmate who alleged to have suffered sexual abuse that were held in involuntary segregated housing in the past 12 months for 1 to 24 hours awaiting completion of assessment was zero.

- The number of inmate who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alterative placement was zero.

**Staff Interview Results**

- Interview with the warden indicated that policy prohibits placing inmate at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing instead of other housing areas unless an assessment has determined there are no available alternative means of separation from potential abusers. It was also indicated that inmate at high risk for sexual victimization or who have alleged sexual abuse be placed in involuntary segregated housing only until an alternative means of separation from likely abusers could be arranged.

- Interview with the warden indicated that the facility management team conducts sexual abuse incident review team meetings. The team includes upper-level management and allows for input from line supervisors, investigators, medical and counseling staff. The team considers all requirements listed in the standard.

# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

**115.71 (a)**

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

**115.71 (b)**

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

**115.71 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

**115.71 (d)**

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

**115.71 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring a inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

**115.71 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

**115.71 (g)**

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

**115.71 (h)**

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

**115.71 (i)**

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

**115.71 (j)**

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

**115.71 (k)**

- Auditor is not required to audit this provision.

**115.71 (l)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC OPR I&I #454 – Investigation and Intelligence Division
3. OPR: I&I #300 – Investigations and Intelligence Division
4. OPR: I&I # 306 – Evidence & Contraband
5. Internal Investigations Distribution List
    a) Investigation Checklist
    *b) Investigation and Intelligence Division Form*
    *c) Evidence Form (Incident Report #)*
    d) Seized Currency
    e) Evidence/Property Inventory
    f) Evidence Disposal
    *g) Condemnation Request Form*
6. Investigative Reports
7. Sexual Abuse Incident Review Team Meeting
8. Investigation Spreadsheet
9. *A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*
10. Pre-Audit Questionnaire/Adult Prisons & Jails
11. Interviews:
    a) Agency PREA coordinator
    b) Warden
    c) Facility PREA compliance manager
    d) Facility investigator
    e) Inmate who reported sexual abuse

**A.** Interviews with the investigator indicated that when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

**B.** The facility uses investigators who have received special training in sexual abuse or sexual harassment investigations. The investigators have completed the NIC online/specialized training.

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

**D.** When a case has been substantiated, allegations of conduct that appear to be criminal are referred for prosecution and the agency consults with the prosecutor. When an outside agency is investigating the facility cooperates and remains informed about the progress of the investigation.

**E.** According to interviews, the credibility of an alleged victim, suspect, or witness are assessed on an individual basis and not determined by the person's status as inmate or staff. The agency does not required inmates who allege sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with an investigation of an allegation.

**F.** Interviewed staff and completed investigation reports revealed that all PREA investigations, administrative or criminal, are documented in written format. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and documents a description of the physical and testimonial evidence, and investigative facts and findings.

**G.** Interview and documentation indicated that criminal investigations are documented in a written report that contains a description of physical, testimonial, and documentary evidence and attaches copies of documentary evidence.

**H.** According to staff interviews, substantiated allegations of conduct that appears to be criminal are referred for prosecution.

**I.** According to policy, the agency keeps all written reports of the investigations as long as the alleged abuser is incarcerated or employed by the agency.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero.

**Investigations**

Note: Investigators are Law Enforcement Officers (POST)

| # of Allegations | # of Investigations | # of Administrative | # of Criminal |
|---|---|---|---|
| 59 | 59 | 0 | 57 |
| **# of Inmate-Inmate Sexual Harassments** | **# of Inmate-Inmate Sexual Assaults** | **# of Staff-Inmate Sexual Harassments** | **# of Staff-Inmate Sexual Assaults** |
| 2 | 53 | 4 | 0 |
| **# of Inmate-Inmate Referred to Local AD** | **# of Staff-Inmate Referred to Local AD** | **# of Staff Terminated** | **# of Investigations Open** |
| 3 | 0 | 0 | 2 |

**Staff Interview Results:**

- Interviewed staff indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report.

- Interviewed investigator described that direct and circumstantial evidence gathered in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse.

- Interviewed investigator indicated that when evidence is discovered that a prosecutable crime may have taken place; it is turned in for review then the prosecutor is consulted. According to the investigator, cases for prosecution are referred when there are substantiated allegations of conduct that appear to be criminal.

- Interviewed investigator indicated that when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion.

- Interviewed investigator indicated all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.

**Inmate Interview Results:**

- Two inmates reported sexual harassment while housed at Bullock Correctional Facility. The inmates reported that they were no required to take a polygraph test.

## Standard 115.72: Evidentiary standard for administrative investigations

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

**115.72 (a)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. SOP OPR: I&I #454 – PREA Sexual Assault Investigations
3. Memo: Letter of Dismissal for HR State Office
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Facility investigator

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

**Staff Interview Results:**

- Interviewed investigator confirmed the standard to determine whether an allegation is substantiated is the preponderance of the evidence.

- Interviewed warden and investigator confirmed the standard to determine whether an allegation is substantiated is the preponderance of the evidence.

## Standard 115.73: Reporting to inmate

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

**115.73 (a)**

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

**115.73 (b)**

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

**115.73 (c)**

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

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

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

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

**115.73 (d)**

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

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

**115.73 (e)**

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

**115.73 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Investigative Reports
3. Letter to Inmate: Status of Case
4. Sexual Abuse Incident Review Team Meetings
5. Investigation Spread Sheet
6. Pre-Audit Questionnaire/Adult Prisons & Jails

7. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Facility investigator
    d) Inmate who reported sexual abuse

**A.** Policy #454 requires that following an investigation into an inmate's allegation that he suffered sexual abuse; a facility informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

**B.** In those cases in which the agency did not conduct the investigation, the information is requested from the investigative agency to inform the inmate. The facility obligation to an inmate terminates if the inmate is released from department's custody.

**C.** Following a inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility will notify the inmate (unless the allegation has been determined to be unfounded or unsubstantiated) when: 1) the staff member is no longer in the inmate's housing unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are documented. The facility's obligation to report under this standard terminates if the alleged victim is released from the department's custody.

**D.** Following an inmate's allegation that he has been sexually abused by another inmate, the agency inform the alleged victim.

**E.** When agency notifies inmate, it uses the investigation letter as its documentation located on the investigation paper work.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of criminal and administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months was 38.

- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmate who was notified, verbally or in writing, of the results of the investigation were 38.

- The number of investigations of alleged inmate sexual abuse in the facility that were completed by an *outside agency* in the past 12 months was zero.

- Of the *outside agency* investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmate alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was zero.

**Staff Interview Results**

- Interviewed PREA compliance manager indicated that outcomes of investigations are determined by Office of Investigations which provides the inmate with a letter to inform the inmate of the outcome of the investigation even if the inmate has departed.

- Interview with warden indicated that the facility or the Office of Investigations would notify inmates who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

- Interviewed investigator indicated that an inmate who makes an allegation of sexual abuse must be informed as to the whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The information is shared with the facility to inform the inmate.

- Interviewed staff and documentation indicated that the facility had no staff member removed from their post or/and terminated due to an allegation or investigation of sexual abuse within the past year. No staff members have been indicated or convicted of a charge related to sexual abuse within the facility within the past year.

**Inmate Interview Results:**

- Two inmates reported sexual harassment while housed at Bullock Correctional Facility. One inmate reported that he was not told the results of the investigation and the second inmate reported that he is unaware if his allegation was investigated. The allegations of sexual harassment did not involve any staff member.

# DISCIPLINE

## Standard 115.76: Disciplinary sanctions for staff

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

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

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

**115.76 (d)**

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Supporting documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC Table of Infractions and Level of Discipline
3. Memo: Letter of Dismissal refer to ADOC HR
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Warden
    b) Facility PREA compliance manager

**A.** Policy #454, ensures that staff is subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse and harassment policies.

**B.** The directive indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse.

**C.** The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment with the nature and circumstances of the acts committed; the staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories are taken in to consideration.

**D.** All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff that would have been terminated before their resignation, are reported to law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was zero.

- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.

- In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported was zero.

- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment polices reported was zero.

**Staff Interview Results**

- Interviews with the warden confirmed staff violating agency sexual abuse policies would be disciplined and that termination is the presumptive action and referral for prosecution where indicated.

## Standard 115.77: Corrective action for contractors and volunteers

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

**115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmate?☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

**115.77 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmate? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Staff Receipt of PREA
3. Contractor Training Records – Staff Receipt of PREA
4. MEMO: PREA First Responder Checklist (Received)
5. PREA Contract Training Sign-In Sheet Volunteer training Records – Specialized Chaplaincy Training Documentation
6. Specialized Level II Training Documentation
7. Specialized PREA & Gender Responsiveness 2017 (Signature Sheet)
8. Specialized PREA & Gender Responsiveness 2018 (Signature Sheet)
9. ADOC PREA Training for Volunteer and Contractors Manual
10. Statement of Non-Occurrence: BCF has not had an occurrence of corrective action for contractors and volunteers
11. Pre-Audit Questionnaire/Adult Prisons & Jails
12. Interviews:
    a) Warden
    b) Facility PREA compliance manager

**A.** Policy #454, identifies sanctions for contractors, vendors, and volunteers who engage in sexual abuse; they are prohibited from contact with inmate and are reported to law enforcement agencies, unless the activity was not criminal, and to relevant licensing bodies.

**B.** Volunteers and contractors are advised during their orientation that any contractor or volunteer who engages in sexual abuse are prohibited from contact with inmate and will be reported to law enforcement agencies, unless the activity was not criminal, and to relevant licensing bodies. This information is the orientation information provided to all contractors and volunteers.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmate was zero.

**Staff Interview Results**

- Interviewed warden and facility PREA compliance manager confirmed that contractors, vendors, and volunteers who engage in sexual abuse will be prohibited from contact with inmate and will be reported to law enforcement agencies.

- Interviewed HR manager indicated that there were no sexual assault/abuse incidents in the past 12 months.

## Standard 115.78: Disciplinary sanctions for inmate

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

**115.78 (a)**

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

**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

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

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Statement of Non-Occurrence: BCF has not had an occurrence of disciplinary actions that was PREA related
3. ADOC Male Inmate Handbook
4. *Post-Allegation Protective Custody Form*
5. Statement of Non-Occurrence: BCF has not had occurrence of intervention and disciplinary sanctions
6. Bullock's Victim/Predator Housing Designation (Main Camp)
7. Statement of Non-Occurrence: BCF has not had an occurrence of referral to mental health
8. Referral to mental health
9. *Health Services Communication Form*
10. Statement on Non-Occurrence: BCF has not had an occurrence of Disciplinary Segregation placement
11. Pre-Audit Questionnaire/Adult Prisons & Jails

12. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Medical staff
    d) Mental health staff

**A.** The agency has a formal inmate disciplinary process when an inmate is subject to a disciplinary sanction 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.

**B.** The disciplinary process allows sanctions to commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmate with similar histories within the facility.

**C.** The Inmate Discipline Process considers whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

**D.** The facility offers counseling to include mental and other interventions designed to address and correct underlying reasons or motivations for the abuse.

**E.** The agency disciplines inmates for sexual contact with staff, once the investigation finds that the staff did not consent, and outside legal action can be taken by staff.

**F.** Staff interviews indicated for disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, if an investigation does not establish evidence sufficient to substantiate the allegation.

**G.** The agency prohibits all forms of sexual activity between inmates and discipline inmates for such activities.

**Staff Interview Results**

- Interviewed warden and facility PREA compliance manager confirmed that there is a formal inmate disciplinary process for inmates that are subject to a disciplinary sanction following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or sexual harassment.

- The interviewed mental health staff indicated that the mental health staff would develop a treatment plan and offer services as needed. It was reported that they have various interventions on working with sexual assault. When services are provided, group participation is not mandatory but encouraged. The

interviewed medical staff also reported that individual and group counseling is offered; along with education on how to avoid becoming a victim.

# MEDICAL AND MENTAL CARE

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

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

**115.81 (a)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

**115.81 (b)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

**115.81 (c)**

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

**115.81 (d)**

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

**115.81 (e)**

- Do medical and mental health practitioners obtain informed consent from inmate before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**
Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. *AR Change #5 of 454 Inmate Sexual Abuse and* Harassment (Form 454-C PREA Risk Factors Checklist)
3. ADOC Classification PREA Risk Factors
4. PREA Risk Reassessment
5. Referral to Mental Health 494
6. Classification Spreadsheet
7. Pre-Audit Questionnaire/Adult Prisons & Jails
8. Interviews:
    a) Medical staff
    b) Mental health staff
    c) Staff who perform screening for risk of victimization and abusiveness
    d) Inmate who disclosed sexual victimization

**A.** Agency Policy #454, requires inmates who disclosed they had experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or the community, are to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the initial screening.

**B.** Agency Policy #454, ensures that an inmate that has previously perpetrated sexual abuse in an institutional setting or community are offered a follow up meetings with a mental health staff within 14 days of the intake screening.

**C.** Inmates that experienced prior sexual victimization in jail or that occurred in an institutional setting or the community has a follow up meeting with a medical or mental health staff within 14 days of the intake screening.

**D.** Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioner and other staff, as

necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State, or local law.

**E.** Mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

**Staff Interview Results:**

- The medical staff reported that informed consent is obtained before reporting about prior sexual victimization that occurred at other institutional settings. The medical staff interviewed was unsure. Inmates under the age of 18 are not housed at the Bullock Correctional Facility therefore a separate informed consent form is not applicable.

**Inmate Interview Results:**

- Six inmates interviewed disclosed prior sexual victimization. All of the inmates recalled speaking with staff upon admission about prior victimization; however, none recalled being offered additional services to meet with medical or mental health staff.

- One inmate reported that he was transferred to the facility as a result of an allegation of sexual harassment by the medical doctor at another Alabama Department of Corrections facility. The inmate reported that he is disabled and suffering from cancer. He stated that he is currently seeking legal options against the doctor. The inmate also stated that the medical staff at Bullock Correctional Facility has been more responsive to his medical needs.

- One inmate reported that another inmate sought to force him into oral sex. He stated that the prior facility took him to the sexual assault center for a forensic exam. Shortly after the incident, he was transferred to Bullock Correctional Facility. He was not told, but felt that he was transferred as a result of the PREA allegation.

## Standard 115.82: Access to emergency medical and mental health services

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

**115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

**115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

**115.82 (c)**

- Are inmates victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. MOU: Alabama Coalition Against Rape
3. MEMO: Rape Crisis Center/SANE Centers refer to Lighthouse Counseling Center14

4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Medical staff
    d) Mental health staff
    e) Security staff who have acted as first responder
    f) Non-Security staff who acted as first responder
    g) Inmate who reported sexual abuse

**A.** Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Alleged victims of sexual assault are promptly triaged. Information is gathered, and a brief examination of physical injury is to take place, taking care to preserve medical evidence. The Health Services staff person is consulted to determine if transfer to an emergency department is required.

**B.** When there is no qualified medical or mental health staff on duty at the time a report of abuse is made, the security staff first responder takes preliminary steps to protect the victim and immediately notify the appropriate medical and mental health staff. If the inmate is medically stable, the inmate is requested to consent to a full physical examination off-site after triaging. Written consent is required before the exam, a collection of evidence or treatment can begin. The inmate is then transferred by the facility to the hospital.

**C.** Inmate victims of sexual abuse, while incarcerated, are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, by professionally accepted standards of care, where medically appropriate. The facility offers prophylactic treatment and follow-up for sexually transmitted and other communicable diseases to all victims, as appropriate.

**D.** Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident

**Staff Interview Results:**

- The interviewed medical and mental health staff both reported that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical care is offered 24/7; however mental health staff is not always available. However, it was reported that because of a recent lawsuit, there would be an increase of weekend coverage for mental health services. Onsite mental health staff is tasked with providing onsite crisis intervention services.

- Medical staff will request an offsite SANE nurse to conduct forensic medical examinations. Medical exams occur as soon as medical is notified of the incident. The interviewed medical staff stated that sometimes there is “lag time” with getting in touch with the sexual assault center to conduct the SANE examination. Since mental health staff is not available 24/7, mental health services may be delayed a day.

- The interviewed mental health and medical staff reported that professional judgment is used when delivering services. It was reported that often times the inmate will state that they do not want counseling services; however mental health staff will still follow up with them after an allegation of sexual abuse or sexual harassment. Both interviewed medical and mental health staff reported that inmate victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

- Interviewed staff describes the following actions they would be taken as a first responder: Separate the alleged victim and abuser, preserving and protecting evidence on the victim, abuser, and the location where the incident occurred.

- Interviewed staff indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.

- Interviewed staff indicated that they would immediately notify their supervisor.

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

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

**115.83 (e)**

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

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. MOU: The Lighthouse Counseling Center, Inc.
3. Memo: Rape Crisis Center/SANE Centers
4. Corizon: Practitioner's Orders Form
5. Corizon: Nursing Encounter Tool PREA
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews
    a) Warden
    b) Facility PREA compliance manager
    c) Medical staff
    d) Mental health staff
    e) Inmate who reported sexual abuse

**A.** The facility offers medical/mental health evaluation and provides services to all inmates who have been victims of sexual abuse.

**B.** Staff interviews indicated that evaluations and services of victims include follow-up services, referrals for continued care following inmate transfer to, or placement in other facilities, or their release from custody.

**C.** According to staff interviews, the facility provides victims with medical/mental health services consistent with the community level of care.

**D.** Staff interviews indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

**E.** Pregnancy (Males only Facility)

**F.** Agency Policy #454 requires facility treatment services provided to victims without financial cost.

**Staff Interview Results:**

- The interviewed mental health staff reported that if an inmate is assigned to a counselor, that counselor will conduct an evaluation. If the assigned counselor is not available, the on-call crisis counselor will conduct the assessment. The first goal is to have the inmate work with the staff they are already assigned too. Facility mental health staff offer counseling services, however are not aware of the scope of outside services that is available to the inmate.

- Medical will provide services along with looking at past medical history to determine if there is a history of infectious diseases. The nature of the medical exam is dependent on if the allegation of sexual abuse and whether the incident was reported to medical within the 72-hour window. The onsite medical staff will conduct a brief medical exam, limiting the scope of services to ensure they do not disturb evidence or services provided by the SANE examiner. The onsite medical staff will draw blood for sexually infectious diseases, and respond to any identified follow up care.

- The interviewed mental health and medical staff reported that the services area available in the community. Victims are not charged for services rendered as a result of an allegation of sexual abuse. The facility houses only male inmates, and have not had to provide services for pregnant inmates. The medical and mental health staff reported that they conduct mental health evaluations on all inmates on inmate abusers and offer treatment services if appropriate. It was reported that many of the inmates will continue to deny their involvement in an allegation of sexual abuse. When further probed it was identified that the mental health staff will look at prior history however there are not any groups specific to inmate on inmate sexual abuse.

# DATA COLLECTION AND REVIEW

## Standard 115.86: Sexual abuse incident reviews

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

**115.86 (a)**

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

**115.86 (b)**

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?☒ Yes ☐ No

**115.86 (c)**

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

**115.86 (d)**

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?☒ Yes ☐ No

**115.86 (e)**

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. Sexual Abuse Incident Review Team

3. Investigation Spreadsheet
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Warden
    b) Facility PREA compliance manager
    c) Sexual review incident review team member

**A.** Agency Policy #454 requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded.

**B.** The review ordinarily occurs within 30 days of the conclusions of the investigation when the Investigation Report is received.

**C.** The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

**D.** The review team is required to consider and complete the following:

a. Whether the allegation or investigation indicates a need to change policy or practice to prevent, better detect or respond to sexual abuse;
b. Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
d. Asses the adequacy of staffing levels in that area during different shifts;
e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of criminal and administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents was zero.

**E.** The facility incident review team documents all recommendations, and the facility leadership follows through with implementation.

**Staff Interview Results:**

- Interviews with staff confirmed they are aware of the process and were able to articulate how they would conduct a review. Staff indicated that the following are minimally the staff on the incident review team: warden, deputy

warden, PREA compliance manager, counseling, medical and additional staff appointed by the warden. This team meets to review any incident, including any PREA related incidents.

- Interviewed staff indicated that they consider whether the incident or allegation was motivated by all the requirements listed in the standard, and when there is monitoring technology it is reviewed as a part of the review.

## Standard 115.87: Data collection

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

**115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?☒ Yes ☐ No

**115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually?☒ Yes ☐ No

**115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

**115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?☒ Yes ☐ No

**115.87 (e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate? (N/A if agency does not contract for the confinement of its inmate.) ☒ Yes ☐ No ☐ NA

**115.87 (f)**

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Supporting documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. US DOJ Survey of Sexual Violence Form (2017)
3. ADOC 2017 Annual Report
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
    a) Warden
    b) Facility PREA compliance manager

**A.** The facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required by agency policy. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of *the Survey of Sexual Victimization (SSV)* conducted by the Department of Justice. Agency aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. The facility is required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

**B.** The reviewed 2017 Agency Annual Report was comprehensive and detailed and included demographics of BCF operated facilities as well as detailed PREA data.

**C.** Upon request, the agency will provide all data from the previous calendar year to the Department of Justice.

## Standard 115.88: Data review for corrective action

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

**115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

**115.88 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse☒ Yes ☐ No

**115.88 (c)**

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

**115.88 (d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)
2. ADOC Website
3. ADOC 2017 Annual Report
4. *SSV 2016 Summary Form*
5. *SSV 2017 Summary Form*
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
    a) Agency head
    b) Agency PREA coordinator
    c) Warden
    d) Facility PREA compliance manager

**A.** The Agency and the BCF reviewed data collected and aggregated under § 115.87 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the agency prepares an annual report of its findings and corrective action that includes the BCF information.

**B.** The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

**C.** The report is approved by the agency and made readily available to the public through its website.

**D.** The agency redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

**Staff Interview Results:**

- Interviewed staff indicated that the facility annual report of finding for its data review and any corrective actions is a part of the agency annual report.

## Standard 115.89: Data storage, publication, and destruction

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

**115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?☒ Yes ☐ No

**115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

**115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

**115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. ADOC Policy #454-Inmate Sexual Abuse and Harassment (PREA)

2. Agency Website
3. SSV-IJ 2016
4. SSV-IJ 2017
5. Pre-Audit Questionnaire/Adult Prisons & Jails
6. Interviews:
    a) Agency PREA Coordinator
    b) Warden
    c) Facility PREA compliance manager

**A.** The agency aggregates sexual abuse data from the facility, and make the data readily available to the public annually through its website. Before making aggregated sexual abuse data publicly available agency removes all personal identifiers.

**B.** The agency maintains sexual abuse data collected for at least ten years after the date of initial collection.

# AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

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

**115.401 (a)**

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

**115.401 (b)**

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

**115.401 (h)**

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

**115.401 (i)**

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

**115.401 (m)**

- Was the auditor permitted to conduct private interviews with inmate, inmate, and inmates?☒ Yes ☐ No

**115.401 (n)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. Agency Website
2. Interviews:
    a) Agency assistant PREA coordinator
    b) Warden
    c) Facility PREA compliance manager

**A.** The agency has ensured that each facility operated by the agency is audited at least once every three years. The agency ensures that a third of each facility type is audited every year as well.

**B.** The agency and the facility demonstrated compliance with the PREA standards by submitting policies, procedures, reports, internal and external audits, and accreditations of the most recent one year period. Auditor conducted on-site visit that included sampling of relevant documents, other records, additional information for the 12 month timeframe.

**C.** During the on-site audit, the auditor was given access to all areas of the facility, site observation; the auditor requested and received copies of relevant documents to include electronically stored information.

**D.** The auditor has retained samples and preserves documentation used to make audit determinations and the documentation is available to the Department of Justice upon request. The facility will make available any other documents that are needed to increase the auditor's sample size.

**E.** The auditor interviewed representative samples listed below and was permitted to conduct all formal interviews privately.

- Agency and Facility Leadership
- Random Staff
- Specialized Staff
- Supervisor
- Administrators
- Random Inmate
- Targeted Inmate

**F.** The PREA Audit Notice was posted to permit inmates to send confidential information or correspondence to the auditor. The auditor reached out and attempted to communicate with community based advocates who have insight into relevant conditions in the facility.

**Staff Interview Results:**

- Interview, documentation and a review of the agency website indicated that the agency has conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited.

## Standard 115.403: Audit contents and findings

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

**115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the

case of single facility agencies that there has never been a Final Audit Report issued.)☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

Documents, Interviews and Observations

1. Agency Website
2. Interviews:
    a) Agency PREA coordinator
    b) Warden
    c) Facility PREA compliance manager

**A.** The Agency has published on its website all final PREA Audit Reports. The auditor confirmed by interviewing the warden and agency PREA coordinator, as well as reviewing the agency website.

**Staff Interview Results:**

- Interview, documentation and a review of the agency website indicated that the agency has conducted the required PREA Audits every year and has made publicly available all PREA audits as required by standard.

# AUDITORCERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

## Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Adam T. Barnett, Sr. 03/17/19

**Auditor Signature** **Date**

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

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