

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: March 10, 2022

Auditor Information

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Company Name: PREA Auditors of America

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City, State, Zip: Cypress, TX

Telephone: 225-302-0766

Date of Facility Visit: January 22-23, 2022

Agency Information

Name of Agency: Alabama Department of Corrections

Governing Authority or Parent Agency (If Applicable): State of Alabama

Physical Address: 301 S. Ripley Street

City, State, Zip: Montgomery, AL 36130

Mailing Address: Same as above

City, State, Zip: Same as above

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <http://www.doc.state.al.us/PREA>

Agency Chief Executive Officer

Name: John Q. Hamm

Email: John.Hamm@doc.alabama.gov

Telephone: 334-353-3883

Agency-Wide PREA Coordinator

Name: Christy Vincent

Email: Christy.vincent@doc.alabama.gov

Telephone: 334-567-3541

PREA Coordinator Reports to:

Mark Fassl, Inspector General

Number of Compliance Managers who report to the PREA Coordinator:

26 IPCM, 26 Back Up IPCM

Facility Information

Name of Facility: Frank Lee Community-Based Facility

Physical Address: 5305 Ingram Road

City, State, Zip: Deatsville, AL 36022

Mailing Address (if different from above):
P.O. Box 220410

City, State, Zip: Deatsville, AL 36022

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <http://www.doc.state.al.us/PREA>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
None reported

Warden/Jail Administrator/Sheriff/Director

Name: Charles Tipton

Email: Charles.Tipton@doc.alabama.gov

Telephone: 334-290-320 ext 101

Facility PREA Compliance Manager

Name: Joseph Evridge

Email: Joseph.Evridge@doc.alabama.gov

Telephone: 334-290-3200 ext 630

Facility Health Service Administrator N/A

Name: Ruth Naglich

Email: Ruth.Naglich@doc.alabama.gov

Telephone: 334-353-3883

Facility Characteristics

Designated Facility Capacity:

300

Current Population of Facility:

273

Average daily population for the past 12 months:	220	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-80	
Average length of stay or time under supervision:	1 year	
Facility security levels/inmate custody levels:	Minimum-Out and Minimum-Community Custody	
Number of inmates admitted to facility during the past 12 months:	181	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	180	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	163	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	41	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	2	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	23	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	4
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<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
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Number of single cell housing units:	0
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Number of multiple occupancy cell housing units:	0
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Number of open bay/dorm housing units:	4
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Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
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In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	36
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	36
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

FLCBF is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Department of Justice PREA auditor. This is the third PREA audit for FLCBF. The on-site portion of the audit was conducted at the address stated above January 22-23, 2022. The assigned PREA auditor is an independent sub-contractor, working for the primary contract holder from the Alabama Department of Corrections. Following coordination preparatory work and collaboration with management staff at the FLCBF, pre-audit work was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

Frank Lee Community-Based Facility (FLCBF) was built in 1964. Formerly known as the Frank Lee Youth Center, the facility housed 104 male offenders aged 21 or younger, serving a sentence of less than ten years. In 1975, two additional dormitories were built increasing the capacity to 200 inmates. In 1996 the facility began housing adult male inmates of all ages. In November 2009, 100 additional beds were added increasing the capacity to 300 inmates.

On the first day of the audit the inmate count was 273, with a designated capacity of 300. FLCBF reported the average length of stay is 1 year.

PRE-AUDIT PHASE

March 15, 2021, the Auditor signed a contract to complete the 2022 PREA audits for the Alabama Department of Corrections.

December 10, 2021, the Auditor emailed the IPCM, with the appropriate individuals copied. The email outlined rudimentary housekeeping details to ensure smooth information flow. The same date the Auditor provided, via email, the Notice of Audit in English and Spanish with instructions to post copies in housing units, and other places deemed appropriate by facility staff. It was recommended the notices be printed on bright colored paper for easy visibility. The notice provided the dates of the intended onsite audit, as well as a mailing address for the Auditor in the event an individual wished to contact the Auditor prior to the onsite audit. The audit notice also advised that any correspondence can be sent in a confidential manner, consistent with the Legal Mail process. The legal mail process at FLCBF allows the inmate to send legal correspondence to an approved recipient in a way that ensures the narrative content of the letter is not reviewed by facility staff, ensuring the information

remains confidential.

Notices were posted throughout the facility, in areas that were accessible to both inmates and staff. The IPCM forwarded the Auditor date stamped pictures of audit notices posted in different locations within the facility to include housing units, general areas, hallways, etc. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour.

December 10, 2021, the auditor emailed the IPCM requesting contact information for the SAFE/SANE personnel, the community advocate agency and the location of the forensic examinations.

December 12, 2022, the audit was initiated with the PREA Resource Center.

December 12, 2021, the Auditor emailed the IPCM regarding specialized staff information and interviews. This same date the Auditor sent an email requesting a complete alphabetical roster of staff and inmates assigned to FLCBF.

December 30, 2021, the Auditor received the flash drive and accompanying documentation. The review of information began the next day.

January 4, 2022, the Alabama Coalition Against Rape (ACAR); Just Detention International and One Place Family Justice Center were emailed requesting information related to the sexual safety practices of FLCBF. Each agency reported having no contact with an inmate at FLCBF during the past twelve months.

The Auditor was able to speak with personnel at One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-7378, who advised they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. She confirmed the exams are free of charge and are paid through the Alabama Crime Victim Compensation Fund. Further each inmate who has a SANE exam is assigned a Sexual Assault Response Advocate upon arrival, prior to the forensic examination taking place. After the exam, the Sexual Assault Response Advocate stays with the inmate until he is taken back to the facility. Follow-up by Case Management staff is done with the inmate within 72 hours of the visit, unless otherwise requested. Counseling, legal advocacy and support groups are discussed to aid in the healing process.

The Auditor was advised in the past 12-months they have conducted one forensic examination related to FLCBF inmates.

January 12, 2021, the Auditor emailed the facility a listing of PREA education documentation needed for review.

January 12, 2021, the Auditor emailed the IPCM regarding random staff information and interviews.

January 12, 2022, the auditor submitted a request for FLCBF personnel information to

the Alabama Department of Corrections.

February 10, 2022, the auditor received the personnel information from the Alabama Department of Corrections for the FLCBF.

Pre-Audit Section of the Compliance Tool: the IPCM provided the completed pre-audit questionnaire, including supporting documentation, to the Auditor. Upon receipt the Auditor completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

FLCBF has had two previous PREA audits. They received their Final Report on September 5, 2016, for their first PREA on-site which occurred August 15-16, 2016. They received their Final Report on August 15, 2018, for their last PREA on-site which occurred July 17-19, 2018.

There were no barriers in completing the audit. The staff whom the Auditor encountered, were cordial and accommodating. The Alabama Department of Corrections, as an agency, which includes FLCBF, chose to utilize the paper audit instrument, rather than the Online Audit System (OAS).

ON-SITE PHASE

January 22, 2022, the Auditor arrived at FLCBF and met with the Institutional PREA Compliance Manager (IPCM). During the meeting, the agenda was discussed, specifically the facility tour. Staff and inmate interviews, as well as document reviews were discussed. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the PREA Auditor Handbook.

Upon arrival, the Auditor received an alphabetized copy of the staff roster, including custody staff as well as those in management and specialized positions, designating the role and shift of each staff member. The Auditor also received a copy of the current inmate roster, including identification numbers, housing assignments and which inmates were part of targeted populations as defined in the PREA Auditor Handbook. From these rosters the interview lists were selected in a complete random fashion.

The staff roster was utilized to create a list of staff randomly for interviews. The only selection criteria used for staff were individuals who were at the facility during the on-site visit. Otherwise, the staff selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

Upon arrival, the Auditor received a listing of inmates classified into the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Inmates Identified as LGBTI
- Inmates in Segregated Housing or Isolation

- Inmates who Reported Sexual Abuse
- Inmates who reported Sexual Victimization during Risk Screening
- Contractors or Volunteers who have Contact with Inmates.

Note: FLCBF reported it does not house youthful inmates. This was confirmed during the audit by a review of the FLCBF inmate roster, as well as a visual inspection of the housing area and facility, and no youthful inmates were present.

In addition to the inmate and staff lists the Auditor requested and subsequently received the following listed items:

- All grievances made in the 12-months preceding the audit which claim allegations sexual abuse, sexual harassment, or retaliation.
- All incident reports from the 12-months preceding the audit which are related to allegations of sexual abuse, sexual harassment, or retaliation.
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12-months preceding the audit, whether Substantiated, Unsubstantiated or Unfounded
- All hotline calls made during the 12-months preceding the audit.

On the Pre-Audit Questionnaire (PAQ), FLCBF reported they had no grievances in the past twelve months.

The Institutional PREA Compliance Manager (IPCM) provided the information requested, and a review of all information was conducted by the Auditor. During the past 12-months there was one PREA allegation. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing.

During the past 12-months there were no PREA Hotline calls made to report sexual abuse or sexual harassment. The Auditor reviewed a Communication Log printout from SecururusTech, which verified there were zero hotline calls from FLCBF.

An extensive amount of internet research was conducted regarding Frank Lee. This research did not unearth any PREA related articles or reports related to Frank Lee. There were various articles discussing COVID19 and the Alabama Department of Corrections, where Frank Lee was briefly mentioned. There was no information regarding sexual abuse or sexual harassment, or sexual violence.

During the research to prepare for this audit, the Auditor learned Alabama law requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with disabilities, to report knowledge or reasonable suspicion of abuse, neglect or exploitation of elders and adults with disabilities.

On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility. The main building contains the administrative offices, classifications, kitchen, dining hall, dormitories, recreational areas and a central inmate bathroom. Three buildings outside of FLCBF include the maintenance building, chapel

and storage building. FLCBF population consists of work release/community custody inmates and minimum-out custody level inmates. Each of the four inmate dormitories contains 75 beds. Inmates assigned to community custody are assigned to A & D dorm and B & C dorms house minimum-out custody inmates. The inmates assigned to work release have the opportunity to secure employment with businesses located in the surrounding communities. Inmates with a minimum-out status perform labor as part of community work squads assisting neighboring municipalities, utilized within the facility or attend school. FLCBF also offers a Substance Abuse Program known as SAP to inmates that are court ordered or for those who need the program while incarcerated.

There are phones available for inmate use. The Auditor randomly assessed the phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. When each receiver was picked up, an inmate or staff member can dial *6611 at no charge and be instantly connected to the PREA hotline. Using the *6611 does not require an individual to provide any identifying information prior to making the call. During the on-site tour, each phone that was evaluated was able to connect to the functioning PREA hotline, which provided sufficient time to leave a detailed message to follow-up and never required personal identifying information be left.

Other areas of the facility toured were food service, chapel, administrative offices, medical, classrooms, barber shop, recreation area, law library, leisure library and laundry. There are no cells in the facility and no segregation area.

During the tour of the facility, the Auditor noted PREA boxes located in the facility. The boxes were distinctly marked with PREA in bold letters on the front of the box and were secured with a padlock. When asked how often he checks these boxes, the IPCM indicated he checks them daily while making rounds throughout the facility. The Auditor observed several inmates interact with the IPCM, each time indicating a positive and respectful relationship with the inmate population.

During the tour of the facility, the Auditor interacted informally and conversationally with staff and inmates, noted the placement and coverage of video cameras and security mirrors, inspected bathrooms, showers and toilets to identify potential cross gender viewing concerns, checked for blind spots, observed staff to inmate ratios, etc.

In inmate areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking informal questions to determine whether inmates were in positions of supervision over other inmates. When opposite-gender staff were observed entering a housing area, the respective staff member always made an announcement. Prior to opposite-gender staff entering a bathing area, the announcement was made multiple times. In all cases if a response was made from within, no entrance was made until the inmate had completed their purpose, if no response was received after several announcements, enough time was waited prior to entrance. During the interviews, several inmates indicated some of the female staff will not enter the bathing areas under any circumstances and will always defer that responsibility to a male staff member.

During the on-site audit, the intake process was explained to the auditor by staff. They explained each of the documents and assessments utilized during the intake process.

Throughout the on-site review, the Auditor discussed what was being reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided.

PREA Management Interviews: During the audit period, the Auditor conducted interviews with the following members of the management team:

- Warden or designee
- Institutional PREA Compliance Manager

As a result of coordination, the Auditor conducted telephonic or written interviews with the following members of the management team:

- Human Relations
- Agency Head or designee
- Law Enforcement Services Division, formerly known as Investigations & Intelligence
- PREA Director
- SAFE/SANE Nursing Staff

Each of their remarks are documented and presented in this report. Each of these individuals was interviewed using the applicable interview protocols, and responses were typed into the record.

All in-person interviews occurred in private, secure area. The Auditor conducted the following number of staff interviews:

Category of Staff	Numbers of Interviews Conducted
Random Staff (Total)	12
Specialized Staff (Total)	18
Total Interviews	30
Breakdown of Specialized Staff Interviews	
• Agency Head (or designee)	1
• Agency PREA Coordinator	1
• Agency Contract Administrator	1
• Facility Head	1
• SAFE/SANE Nursing Staff	1
• Investigative Staff	1
• Facility PREA Compliance Manager	1
• Human Resources Staff	1
• Intermediate or Higher Staff	1
• Non-Med/Cross-Gender Strip/Visual BodyCavity Searches	1

• Intake Staff	1
• Medical Staff	1
• Staff who perform screening for risk of victimization and abusiveness	1
• Incident Review Team Member	1
• Monitor(s) of Retaliation	1
• First Responder (Security)	1
• Contractor who may have contact with inmates	1
• Volunteer who may have contact with inmates	1

Note: in several instances a single person was responsible for covering two separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc. Thirteen individuals were interviewed, using eighteen protocols.

FLCBF reported they do not have a segregation unit; consequently no one from a segregation unit was interviewed.

FLCBF primarily utilizes volunteers for religious services. One volunteer, who is a chaplain, was interviewed.

Specialized Staff Interviews: Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff provided answers which were based on the line of questioning on the specific interview protocols for their position and responsibilities. Thirteen individuals were interviewed, using eighteen protocols.

During interviews with specialized staff, the Auditor learned PREA investigations are initiated in several ways; the PREA boxes which are in various locations throughout the facility, “confidential” letters mailed to Law Enforcement Service Division (LESD) formerly known as Investigations & Intelligence (I & I), through PREA hotline calls (*6611), third party reporting, or through notifying a staff member.

All investigations, except inmate-on-inmate sexual harassment, begin with LESD as the investigating party. If the allegation does not rise to the level of criminal, it is kicked back to the Warden for disposition. Inmate-on-inmate sexual harassment is assigned to the IPCM to investigate.

Random Staff Interviews: At the time of the audit, there were forty-one staff employed at FLCBF. Custody staff work three, eight-hour shifts, five days a week. Non-custody staff work similar variations of the three shifts. Administrative staff work 8:00am to 5:00pm, Monday through Friday.

All in-person interviews occurred in a private office space. The Auditor conducted the following number of inmate interviews:

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	13
Targeted Inmates (Total)	16
Total Inmate Interviews	29
Breakdown of Targeted Inmate Interviews	
• Inmates who reported sexual abuse	0
• Inmates who disclosed prior sexual victimization during risk screening	2
• Inmates who identify as Lesbian, Gay or Bisexual	4
• Inmates who identify as Transgender or Intersex	1
• Inmates in segregated housing for risk of sexual victimization	0
• Inmates with physical disability	1
• Inmates with hearing impairment	0
• Inmates with visual impairment	4
• Inmates with LEP	0
• Inmates with cognitive disability	4

Random Inmate Interviews: The institutional count the first day of the on-site audit was 273. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. Each inmate was escorted, by the IPCM, to the area designated for interviews.

During the on-site tour, the Auditor had several informal, conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used as lagniappe to supplement the overall audit information gathering process. A total of thirteen formal random interviews were conducted with inmates.

As a result of the posted audit notices, the Auditor did not receive any correspondence from inmates at the facility prior to arrival.

At the beginning of each interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the protocol questions. All responses were typed into a

MSWord document.

During the random interviews, no PREA issues were revealed, no other interview protocols were accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could report anonymously, they knew they had a right to be free from retaliation, and they felt the facility staff took PREA issues seriously.

Targeted Inmate Interviews: The Auditor conducted a total of sixteen interviews of those inmates who had been identified for interviews based upon specific PREA standards. Out of the ten categories, there were inmates who fell into six categories. The inmate who reported abuse is no longer assigned to FLCBF.

The Auditor selected inmates from the list received from the IPCM. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. Each inmate was escorted, by the IPCM, to the private interview area.

At the beginning of each interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the random protocol questions followed by the specific targeted protocol questions. All responses were typed into a MSWord document.

Document Reviews:

A thorough review of the Alabama State Policies, as well as the facility specific policies were included in all three phases of the audit: Pre-Audit, On-Site portion, and post-Audit.

Prior to conducting the onsite visit to the facility, the Auditor requested the facility identify a comprehensive list of inmates, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the Auditor would sample during the onsite portion of the PREA audit. From these lists, the Auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The list requested by the Auditor in the pre-onsite audit phase is listed below:

1. Alpha listing of all inmates assigned to the facility
2. Roster of Inmates with disabilities (i.e., physical disabilities, hard of hearing, deaf, blind, & cognitive disabilities).
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing or isolation
5. Roster of inmates who are or perceived to be Lesbian, Gay or Bisexual
6. Roster of inmates who are or perceived to be Intersex or Transgender
7. Roster of inmates who reported prior sexual victimization during risk

- screening
8. Roster of inmates who reported sexual abuse in the past 12-months
 9. Complete alpha staff roster
 10. Complete alpha roster of staff promoted over the past 12 months
 11. Complete alpha roster of new staff in past 12 months
 12. Complete list of investigative staff who conduct sexual abuse investigations
 13. Complete list of contractors who have contact with inmates assigned to the facility
 14. Complete list of volunteers who have contact with inmates assigned to the facility
 15. Copies of all files of Sexual Abuse and Sexual Harassment Investigations conducted in the past 12 months
 16. Copies of all allegations submitted over the past 12 months which claim sexual abuse, sexual harassment, or retaliation, including
 - o Total number of allegations
 - o Number determined to be Substantiated, unsubstantiated or unfounded
 - o Number of cases in progress
 - o Number of criminal cases investigated
 - o Number of administrative cases investigated
 - o Number of criminal cases referred to prosecution; number indicted; number convicted; number acquitted
 17. List of all hotline calls made in the 12 months preceding the audit
 18. List of all 3rd party reports of inmate sexual abuse, sexual harassment, or retaliation
 19. Copies of all incident review team cases conducted over the past 12 months
 20. List of SAFE/SANE individuals to include name of facility, address, telephone number and email address.
 21. List of community-based advocacy organization(s) utilized by the facility

The facility provided the Auditor the requested list of documents, files, and records. From this information, the Auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	41	41
Training Files	41	41
Inmate Records	273	50
Grievances	0	0
Allegations	1	1
Incident Reports	1	1
Investigation Records (SA and SH)	1	0 (open)

Personnel and Training Files:

There were a total of forty-one record reviews conducted on staff from various categories. FLCBF reported two new hires within the past 12-months. The records reviewed contained all the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

Inmate Records:

There were fifty inmate records, chosen randomly from the master roster, with varying arrival dates.

	Total Number	Timely	Late
PREA Information at Intake	50	50	0
72-hour PREA Intake Screening	50	50	0
PREA Comprehensive 30-Day Education	50	50	0
30-Day Reassessment	50	50	0
Mental Health Referrals/Evaluations	3	3	0

Grievances:

On the Pre-Audit Questionnaire (PAQ), FLCBF reported they had zero grievances in the past twelve months. Therefore, there were zero records to review.

Incident Reports:

Information received regarding allegations of sexual abuse and sexual harassment indicate in the past 12-months FLCBF had one PREA allegations. The Auditor reviewed this one allegation and incident report.

Investigation Files:

Information received regarding allegations of sexual abuse and sexual harassment indicate in the past 12-months FLCBF had one PREA investigation. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing.

During the past 12-months there were zero PREA Hotline calls made to report sexual abuse or sexual harassment. The Auditor reviewed a communication log printout from Securustech, which verified there were zero hotline calls from FLCBF.

The Auditor scheduled the exit briefing with the Warden designee and the IPCM. During this exit briefing the participants were provided with an overview of what had been observed and information regarding the interim or final audit report which is due

no later than March 10, 2022.

POST-AUDIT PHASE

Following the on-site portion of the audit, all items were reviewed (facility tour notes, interview notes, support documents, etc.) and utilized in the compilation of the completed report.

Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of the facility.” At the completion of the corrective action period, the Auditor has 30-days to issue a “final report” with final determinations. Section 115.404 (d) stated that “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website or otherwise make publicly available, should include a summary of actions taken during the corrective action period to achieve compliance.

This information was discussed with the Institutional PREA Compliance Manager and Warden designee, as well as the agency PREA Director.

Audit Section of the Compliance Tool: The Auditor reviewed onsite documentation, notes, staff and inmate interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions in which interview guide(s), which on-site documentation and notes from the onsite audit should be reviewed to decide of compliance for each standard. After checking the appropriate “yes” or “no” boxes on the compliance tool for each provision of each standard, the Auditor completed the “overall determination” section at the end of the standard indicating whether the facility’s policies, procedures, and practices, exceeds, meets, or does not meet each specific standard.

Final Audit Report: Following completion of the compliance tool, the Auditor started completing the final report. The final report identified which policies and other documentation were reviewed, which staff and/or inmate interviews were conducted, and what observations were made during the on-site review of the facility to decide of compliance for each standard provision. The Auditor then provided an explanation of how evidence was used to draw a conclusion of whether the facility’s policies, procedures and practice exceeds, meets, or does not meet the standard.

7 Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Frank Lee Community-Based Facility (FLCBF) is located at 5305 Ingram Road, Deatsville, AL. consists of four dormitories, administration and auxiliary service areas. The facility resembles a school more than a prison, providing security through frequent and irregular head counts rather than the traditional dependence on fences, bars and towers.

The agency, per regulation 454, defines youthful inmates as any inmate housed in an adult facility whose age is under eighteen. The facility reported no youthful inmates are confined at the facility. Likewise, no youthful inmates were observed during the facility tour.

FLCBF has a capacity of 300 inmates classified as minimum-out and minimum–community custody levels. The main building of FLCBF contains the administrative offices, classifications, kitchen, dining hall, dormitories, recreational areas and a central inmate bathroom. Three buildings outside of FLCBF include the maintenance building, chapel and storage building. FLCBF population consists of work release/community custody inmates and minimum-out custody level inmates. The facility has four housing units that are open bay dormitories containing 75 beds each. Inmates assigned to community custody are assigned to A & D dorm and B & C dorms house minimum-out custody inmates. The dorms are off a large middle area that is a dayroom with TVs and seating areas. There is a central inmate bathroom that provide inmates the ability to shower, dress and use the toilet facilities without exposing themselves to staff of the opposite gender. The officer's station is off to one side in a small, enclosed room.

FLCBF does not have a segregation area.

The inmates who are assigned to work release have the opportunity to secure employment with businesses located in the surrounding communities. Inmates with a minimum-out status perform labor as part of community work squads assisting neighboring municipalities, utilized within the facility or attend school. FLCBF also offers a Substance Abuse Program known as SAP to inmates that are court ordered or for those who need the program while incarcerated.

The average population over the past twelve months was reported to be 220 and the average length of stay is one year.

The number of inmates admitted to the facility during the past 12 months was 181. A total of 273 inmates were confined at the facility on the first day of the audit. The facility has forty-one staff, twenty-three approved volunteers, and four contractors who are medical, educational and service industry. The facility is able to provide 12-hour medical care and coverage 7 days a week to treat any minor injuries or illness that an inmate may

experience. Mental health services are provided through Staton Correctional Institution. Volunteers provide religious services.

During the tour of the facility, the Auditor noted PREA boxes located throughout the facility. The boxes were distinctly marked with PREA in bold letters on the front of the box and were secured with a padlock. When asked how often he checks these boxes, the IPCM indicated he checks them daily while making rounds throughout the facility.

Multiple PREA signs were posted throughout the facility. The signs were visible at the entrance point, in the food service area, the various dormitories, and above the inmate telephones area, etc. The auditor also observed boxes labeled "PREA" located throughout the facility. This box is used for inmates and staff to submit PREA related complaints/concerns.

The FLCBF offers educational, drug treatment, and re-entry programs that operate concurrently with the Community Work and Work Release programs. Inmates can be assigned to work for various government agencies for paid employment. Or they can work on the property and within the center's educational or drug treatment programs. Inmates in the Work Release program work for private employers in the community and are paid a prevailing wage. Work Release inmates who are not employed, work on property or participate in work training classes.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.31; 115.32

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: N/A

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454
- ADOC Pamphlet, Inmate Awareness in English and Spanish
- ADOC Male Inmate Handbook, dated September 25, 2017
- Standard Operating Procedure (SOP) #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 ADOC Organizational Chart
 - Process Indicators:
 - PI-1 PREA Director Qualifications
 - PI-2 PREA Compliance Manager Qualifications and Training
 - PI-3 Warden Memo designating a back-up PREA Compliance Manager

Interviews with the following:

- Institutional PREA Compliance Manager (IPCM)
- Agency PREA Director (PD)

Provision (a)

The agency has numerous policies and procedures relative to this provision. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, Section II, p. 1, indicates a zero-tolerance policy against sexual abuse, harassment, and sexual misconduct. Any sexual conduct, whether inmate-on inmate or staff-on-inmate, whether consensual or coerced, is strictly prohibited.

Section III of ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, as well as the ADOC Women's Services Inmate Handbook, dated November 1, 2017, lists the definitions describing prohibited behaviors in relation to sexual abuse and sexual harassment. Policy language is specific in providing the definitions of substantiated, unsubstantiated, and unfounded allegations, as well as associated sanctions.

Additionally, policy language outlines staff responsibilities, procedures for the prevention of, response to, and the reporting and investigation of sexual abuse and sexual harassment. The policy is consistent with the PREA standards.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 7, Section E, 1 – 10, identifies the roles and responsibilities of the agency PD, and relate directly to the implementation, management and monitoring of the ADOC's compliance with PREA Standards, including collaboration with the various levels of management ranging from the Warden/Director to the Associate Commissioner levels, as well as the collaboration with the ADOC Legal Division. The reviewed policy is consistent with the PREA Standards and outlines the agency's approach to sexual safety.

The ADOC PD is classified at the Director level as confirmed through a review of the agency organization chart. The PD has regular contact with the numerous facilities throughout the state through site visits, emails, and direct conversations with the twenty-six assigned Institutional PREA Compliance Managers (IPCM) who are assigned to various locations, as well as the twenty-six back-up IPCM's. These additional managers ensure the PD has sufficient coverage at each ADOC facility and allows her sufficient time to fulfill her varied responsibilities and ensure PREA compliance.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, establishes, identifies, and outlines the roles and responsibilities of FLCBF IPCM, which includes the collaboration with various levels of institutional management. Further, it establishes and identifies the responsibilities and procedures for the IPCM to coordinate the institutions efforts to comply with PREA standards. Each of the reviewed policies is consistent with PREA standards and outlines the agency's approach to sexual safety.

The facility IPCM is classified at the level of Sergeant who reports directly to the Warden, which was confirmed by a review of the institutional organizational chart. Through interviews with the agency PD and the IPCM, it was confirmed the IPCM's primary responsibility is to ensure the institutions compliance with the PREA standards, and he has the authority to make any changes needed to address PREA issues.

During the interview process, the IPCM indicated he has sufficient time to complete his responsibilities. It is evident that he is knowledgeable with the expectations and responsibilities of his position and can fulfill them.

Conclusion

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses zero tolerance of sexual abuse and sexual harassment: PREA coordinator. No recommendations or corrective action is required.

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

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 inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012, provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) 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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- IPCM Statement of Non-Applicability, dated October 19, 2021
- ADOC Contract C170051713 with GEO Reentry, Inc, renewed August 2, 2020
- Standard Operating Procedure (SOP) #454-1
 - Protocols:

- P-1 AR 454
- Process Indicators:
 - PI-1 Statement of Non-Applicability

Interviews with the following:

- Agency Contract Administrator

Provision (a)

FLCBF Pre-Audit Questionnaire (PAQ) revealed there is one, agency level contracts for the confinement of ADOC inmates.

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 7, Section D, states the ADOC general Counsel shall be responsible for ensuring that contracts for confinement of inmates include a provision indicating to the contracting entity its obligation to comply with the PREA standards and the ADOC's monitoring of such compliance.

ADOC Contract CD170051713 with GEO Reentry, 3.39 Prison Rape Elimination Act, states, "Vendor (GEO) shall comply with Alabama Code Section 14-11-31, as well as 28 C.F.R. Part 115, the Prison Rape Elimination Act ("PREA"). The ADOC has a Zero Tolerance Policy toward all forms of custodial sexual misconduct, sexual abuse, and sexual harassment. See Administrative Regulation 454, Inmate Sexual Assault and Harassment Awareness (Prison Rape Elimination Act (PREA)). Any type of conduct – including suspected conduct – that falls within the context of custodial sexual misconduct/sexual abuse, as defined by either the State or Federal laws referenced above, shall be reported immediately to the Warden of Kilby Correctional Facility or his/her designee for conduct involving male Inmates, or the Warden of Tutwiler Correctional Facility or his/her designee for conduct involving female Inmates, as well as the ADOC's PREA Director or designated PREA Contract Monitor. Pursuant to 28 C.F.R. Part 115.12, Vendor is obligated to adopt and comply with all PREA standards, and the ADOC shall monitor Vendor for compliance consistent with the compliance conditions set forth above. Vendor shall provide reasonable access to the PREA Contract Monitor; provide relevant documentation as requested; require and provide training of all of its employees, agents, or contractors; and provide a Report from any PREA audit, which shall be performed by an independent, DOJ certified auditor."

During the interview process, the agency contract administrator confirmed all contracts to hold ADOC inmates, without exception, have the PREA requirement as part of the agreement.

The IPCM Statement of Non-Applicability, dated October 19, 2021, confirms FLCBF does not contract the confinement of their inmates to other facilities. The confinement of inmates to other entities is managed on the agency level.

Provision (b)

See Provision (a) for details regarding this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses contracting with other entities for the confinement of inmates. No recommendations or corrective action is required.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?

Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form 454-J, *Annual PREA Staffing Plan Review*
- ADOC Form 454-G, *Log of Unannounced Rounds*
- FLCBF, Staffing Plan Review Checklist, dated March 2, 2021
- Standard Operating Procedure (SOP) #454-1
 - Protocols:
 - AR 454
 - Staffing Plan SOP
 - Process Indicators:
 - PI-1 Copies of Deviation Log
 - PI-2 Facility Blueprint/Layout
 - PI-3 Unannounced Rounds Log
 - PI-4 Vulnerability Assessment Form
 - PI-5 Staffing Plan Checklist

Interviews with the following:

- Warden or designee
- Institutional PREA Compliance Manager (IPCM)
- Agency PREA Director (PD)
- Intermediate-or-Higher Level Facility Staff

Provision (a)

FLCBF Pre-Audit Questionnaire (PAQ) indicated FLCBF does have a staffing plan and it is reviewed at least annually.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, D, 1, indicated the Warden will assist in the development and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and where applicable, video monitoring to protect inmates against sexual abuse.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, D, 2, requires the PD to meet with the Warden

annually to discuss the need for any adjustments that need to be made to the staffing plan, video monitoring systems and other monitoring technologies. This is documented on the ADOC Form 454-J, *Annual PREA Staffing Plan Review*.

The ADOC Form 454-J, *Annual PREA Staffing Plan Review* requires the staffing analysis to include:

- Generally accepted detention and correctional practices;
- ADOC and FLCBF determination of which duties will be overseen by FLCBF staff, ADOC staff or outside agencies;
- Any findings of inadequacy from any investigative agencies within ADOC;
- Any findings of inadequacy from internal or external oversight bodies
- The Camera Management Plan and all components of the facility's physical plant;
- The composition of the inmate population;
- The number and placement of supervisory staff;
- Institutional programming and options for supervision of inmates;
- FLCBF specific relief-factor
- Any applicable state or local laws, regulations, or standards; and
- The prevalence of substantiated or unsubstantiated incidents of sexual abuse and sexual harassment.

FLCBF, Staffing Plan Review Checklist, dated March 2, 2021, outlines and defines the staffing needed to meet the staffing plan for FLCBF.

FLCBF, Staffing Plan Review Checklist, dated March 2, 2021, indicates that it is the policy of the FLCBF to ensure all relieved posts are staffed at the times specified in the staffing plan and all gender-restricted posts, if any, are posted by female staff only. When it is necessary to close a post(s) due to insufficient staffing, the Warden or Captain must approve a decision.

The Auditor reviewed the most recent annual PREA staffing plan. The plan was comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to ensure compliance with the established staffing model. The staffing plan was predicated upon an inmate population of 300. The average daily number of inmates during the time of the audit was 273.

Interviews with both the Warden designee and the IPCM indicated they both conduct random reviews of the staffing levels, how they affect the inmate programming, various classification amounts, as well as any changes or modifications to the video monitoring. They also review other concerns which include physical plant configuration, internal or external oversight bodies, inmate population composition, placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse. Additionally, the Warden designee stated during his regular staff meeting, staffing plan compliance and any deviations from the staffing plan is a frequent topic of discussion.

Provision (b)

FLCBF has established a staffing plan, which is predicated on the daily average of 300 inmates. In the event a mandatory post is vacant, the post is filled with overtime staff or staff re-directed from non-mandatory posts. It is the watch commander's responsibility to document these instances.

On the PAQ, FLCBF reported the two most common reasons for deviations from the staffing plan in the past twelve months:

- Staff Shortage
- Emergency Inmate Transports

The Auditor did not find any occurrence when an inmate education or program time was shut down due to limited staff coverage in the past 12 months.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, Section D, requires the staffing plan review to be completed in consultation with the PREA Director (PD) and that the PD receive a copy of the PREA Compliant Staffing Plan. The Auditor requested and was provided a copy of the 2020 ADOC Form 454-J, *Annual PREA Staffing Plan Review* that was forwarded to the ADOC PD. The staffing plan reviews had been completed by the Warden as required. The review discussed the staffing plan, video monitoring and the resources required to adhere to the staffing plan.

Additionally, this policy requires that an internal audit of the staffing plan be conducted on an annual basis. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels are present where inmates may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment, is addressed by the committee on an annual basis. The annual review of the staffing plan includes facility and department management level staff which include the PD, Warden, IPCM, and Captain.

FLCBF has a minimum staffing requirement. In the event a mandatory post is vacant for whatever reason, that post is filled with overtime staff or staff redirected from non-mandatory posts. When it was necessary to close a post(s) due to insufficient staffing, the Warden or Captain approved the decision.

Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, C, mandates that intermediate level or higher-level supervisors conduct and document unannounced rounds on all shifts. These rounds are documented on the Shift Report, including the date, time and person's name who made the

rounds. In addition the ADOC Form 454-G, *Log of Unannounced Rounds*, is required to be completed for each shift and submitted to the IPCM. This report documents the required unannounced rounds and the PREA Hotline check conducted once per shift. The Auditor reviewed ten of these reports through the document review process. The Auditor also reviewed the Shift reports and noted consistent entries by supervisors on all shifts.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, C, indicates the staff are prohibited from alerting other staff when these rounds are occurring, barring legitimate operations of the facility. In speaking with the IPCM, she stated the supervisors tour their units and areas regularly throughout the three shifts, converse with staff of all levels as well as inmates, and audit, review and sign logbooks or irregularities. During the time, the Auditor was on-site; managers and supervisors were observed walking and working in various capacities throughout the facility.

There was one interview conducted with intermediate or higher-level staff. This interviewee affirmed the staff are making unannounced rounds and documenting them. During random informal conversations with staff, the staff stated the supervisors conduct unannounced rounds and document them in the logbook. This was validated by the Auditor through a review of the logbook.

During interviews of random staff, they all verbalized the prohibition of staff alerting each other when a supervisor is making their rounds.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses supervision and monitoring.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 SOP #8-19, *Youthful Inmates*, dated March 8, 2016
 - P-3 Deputy Commissioner Memorandum, *Youthful Inmates*, dated September 2021
 - Process Indicators:
 - PI-1 Statement of Non-Occurrence from IPCM

Observations during on-site review

Interviews with the following:

- Warden or designee
- Institutional PREA Compliance Manager (IPCM)

Provision (a)

On the PAQ, FLCBF reported they do not house youthful inmates. The IPCM and Warden designee confirmed FLCBF does not house youthful inmates.

Deputy Commissioner Memorandum, *Youthful Inmates*, dated September 2021, states that female youthful inmates are housed at Julia Tutwiler Prison for Women.

The IPCM statement of non-Applicability, states that FLCBF does not at any time house youthful inmates.

During the on-site tour, the Auditor did not observe any youthful inmates.

Provision (b)

N/A

Provision (c)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding youthful inmates. No recommendations or corrective action is required.

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 inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Complete roster of FLCBF inmates
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #336
- ADOC Form 302-A *Incident Report*
- ADOC PREA Director Transgender Risk Assessment Memo, dated February 20, 2020
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 AR 336
 - Process Indicators:
 - PI-1 Training records for cross-gender and transgender searches

Observations during on-site review

Interviews with the following:

- Random Staff
- Random Inmates
- Targeted Inmates

Provision (a)

On the PAQ, FLCBF reported they did not have any cross-gender strip or cross-

gender viewed body cavity searches in the past twelve months. ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, Section E, 1, states that employees/staff members shall not conduct cross-gender strip or visual cavity searches, except in exigent circumstances or by medical practitioners. The reviewed policy is consistent with the PREA standards.

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 4, Section F, Number 3, states staff shall not conduct cross gender unclothed searches or cross gender visual body searches except in exigent circumstance. The reviewed policy is consistent with the PREA standards.

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 5, Section F, Number 4, states all cross gender unclothed searches or cross gender visual body cavity searches shall be documented. The reviewed policy is consistent with the PREA standards.

Of the random staff members questioned about cross gender search practices. All staff recalled having the training specific to this and reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility. A review of the staff training records confirmed all staff had been trained in cross gender searches.

Provision (b)

N/A - FLCBF is a male facility.

Provision (c)

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 5, Number 4, indicates that all cross gender unclothed searches and cross gender visual body cavity searches be documented.

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 6, Number 11, indicates that such searches are to be documented on the ADOC Form 302-A *Incident Report*. The reviewed policy is consistent with the PREA standards.

During the interviews, with random staff the Auditor asked under what circumstances would cross gender searches occur. All staff questioned (both male and female) responded that there are always sufficient male staff members available to conduct any searches needed, and that male staff would be diverted to address the issue if needed.

There was one transgender inmate at FLCBF at the time of the audit. During her interview she stated she had never felt uncomfortable during a search, and she had never been searched for the sole purpose of staff determining her genital status.

Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, Section E, 3, states each ADOC facility shall implement procedures that enable inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine cell and/or dorm checks. Such procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The reviewed policy is consistent with PREA standards.

During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence were made.

All inmates interviewed stated opposite gender staff announce their presence before entering the housing unit. Many reported that female staff do not come into their housing units. All inmates interviewed confirmed they can dress without being viewed by staff of the opposite gender. All staff interviewed reported opposite gender staff announcements are made when entering the housing units.

FLCBF has four open bay dormitory housing units. There is a central inmate bathroom that provide inmates the ability to shower, dress and use the toilet facilities without exposing themselves to staff of the opposite gender. There are zero beds for segregation.

There was one transgender inmate at FLCBF at the time of the audit. During the interview process the transgender inmate stated there was the ability to shower, dress and use the bathroom facilities without exposing themselves to staff of the opposite gender.

Provision (e)

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 5, Number 6, indicates staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 15, Section E, 4, indicates staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

All staff members interviewed recalled having this specific training and reported cross gender strip searches or cross gender body cavity searches do not occur at FLCBF. In addition, the interviewed staff indicated specifically that no searches are conducted for the sole purpose of identifying inmate genital status.

All inmates interviewed confirmed male staff do not conduct cross gender searches.

There was one transgender inmates at FLCBF at the time of the audit. During her interview she stated she had never felt uncomfortable during a search, and she had

never been searched for the sole purpose of staff determining her genital status.

Provision (f)

The Auditor reviewed PREA training documentation of forty-one staff members that occurred in 2021. The Auditor verified each signature on the sign-in sheet correlated to an existing FLCBF staff member, ensuring the staff had received the required training. All participants also signed their acknowledgment of all training materials. Training topics included zero tolerance, dynamics of sexual abuse in detention, detecting signs of sexual abuse, disclosures, common reactions to abuse, responding to victimized inmates, professional communication, appropriate interactions, compromised professionalism, housing unit announcements, pat and strip searches, ways inmates can report, support services, duty to report, first responder responsibilities, PREA reports, PREA investigations, and inmate notification.

When female staff were asked how they would proceed if a male staff member were not available, they indicated there is never an instance when a male staff member is not on duty and would be directed to the area to conduct the search. All staff interviewed recalled receiving training on opposite gender pat searches. During the facility tour, opposite gender staff were observed entering housing units and announcement of their presence were made.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined agency/facility meets the standard regarding limits to cross-gender viewing and searches. No recommendations or corrective action is required.

Standard 115.16: Inmates with disabilities and inmates 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 inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and

respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective

interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454.
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 MOU with Alabama Institute for the Deaf and Blind
 - Process Indicators:
 - PI-1 Inmate Receipt of PREA/Acknowledgment (Disabled, low-Vision and Deaf Only)
 - PI-2 Low Functioning Information/Materials Used
 - PI-3 Transcript explaining Google Translate

Observations of PREA poster locations during on-site tour of facility

Interviews with the following:

- Agency Head or Designee (Assistant Deputy Commissioner)
- Random Staff
- Inmates with disabilities or LEP

Provision (a)

On the PAQ, FLCBF reported the ADOC has established procedures to provide

disabled inmates and limited English proficient inmates with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 1, c, states the IPCM shall provide all inmates accessible education formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills or otherwise disabled, and not rely on inmate for this service.

The ADOC has an existing Memorandum of Understanding (MOU) with the Alabama Institute for the Deaf and Blind for translation and assistance services for those effected inmates, as verified by the Auditor.

FLCBF can also utilize the Google Translate Services (<https://translate.google.com/>) with an attached microphone to address any translation needs for the inmates of the facility. At the present time, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week. Access to this service can be facilitated through the respective watch commander.

The Auditor was provided written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the inmate population. During the tour, the Auditor also observed the PREA posters were prominently displayed in each housing unit, work area, hallways, as well as numerous other areas throughout the facility in both English and Spanish.

During the interview with the Assistant Deputy Commissioner, she shared the ADOC has established procedures to provide inmates with disabilities or inmates who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, Google Translate, staff interpreters, outside service providers via an MOU.

The Auditor interviewed nine inmates with disabilities. One inmate was physically impaired, with a lower leg amputated. Four were visually impaired. Four were cognitively impaired.

The inmates with visual impairment stated they had glasses or were working with medical to get glasses. They reported being able to see well enough to take care of themselves independently. The four inmates who were cognitively impaired stated they were functioning well and were not experiencing any difficulties. The physically impaired inmate stated he was doing well and medical was meeting any need he had as it occurred. All inmates felt their needs were being met. They reported the staff was responsive. None of the inmates interviewed reported feeling vulnerable to sexual

abuse or sexual harassment due to their disabilities.

Provision (b)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 1, items a-d, denote numerous items relative to ensuring each inmate is given information in verbal and written form, and that all information regarding ADOC's PREA policy is understood by the inmate.

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 2, items a – d, dictates inmate PREA education information will include: Prevention of sexual abuse and harassment; self-protection; methods of reporting; and treatment and counseling availability.

As mentioned in provision (a), the ADOC has an established MOU with the Alabama Institute for the Deaf and Blind. FLCBF also employs an ADA Coordinator who is charged with coordinating training and educational materials for all ADA inmates.

Provision (c)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 1, c, addresses the prohibition of using other inmates for translation services.

The ADOC requires that only professional interpreters or translation services, including sign language, are available to assist inmates in understanding PREA policy, how to report allegations, and/or participate in investigations of sexual misconduct. The policy advises inmates are not authorized to use interpretation/translation services from other inmates, family members or friends for these purposes.

During the interview with the IPCM, he indicated there have not been any instances in the past twelve months when an interpreter service was required.

Of the random staff interviewed, all recalled the process of how to utilize Google Translation for interpretation services. Most indicated that in the event translation is required, they would try to find another staff member to provide translation and then contact the shift supervisor.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding inmates with disabilities and inmates who are limited English proficient. No recommendations or corrective

action is required.

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for

information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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.

Documentation Reviewed

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #216
- Personnel records review for current employees
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 AR 216
 - Process Indicators:
 - PI-1 Background Checks
 - PI-2 Application/Pre-Employment Questionnaire

Interviews with the following:

- Administrative (Human Resources) Staff
- Random Inmates

Provision (a)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 12, V, A, 4, a, declares that ADOC agency policy prohibits the hiring or promotion of an employee or contractor who may have contract with inmates who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
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 paragraph (a)(2) of this section.

The Auditor reviewed staff records. Each of the records reviewed contained all items required by the standard, which included documentation and Criminal History Check information. The Auditor was able to verify all records reviewed contained all items required by the standard, including PREA documentation and verification of the completed criminal history checks.

Provision (b)

ADOC Administrative Regulation #216, regarding Background Investigations, dated December 7, 2015, p. 2, Section V, B, states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist service of any contract, who may have contact with inmates.

The Auditor interviewed the Human Resources (HR) Director regarding the hiring practices of the ADOC. The HR Director indicated that the potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items. The HR Director stated the ADOC takes a continually active stance with the requirements of the PREA standards and have developed a very comprehensive system of tracking to ensure that all the required history checks are completed for pre-hires, promotions, and five-year reviews. The Auditor conducted a review of the requested personnel files and verified that all files reviewed contained the items required by the standard, including the PREA documentation, verification of the completed criminal history checks, and the three questions listed under Provision (a).

Provision (c)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 12, V, 4, b, indicates that before hiring a new employee or contractor, the ADOC Personnel Division or designee shall:

1. Conduct a criminal background records check,
2. Make its best efforts to contact all prior institutional employers regarding substantiated allegations of sexual abuse or any resignation during a period of sexual abuse investigation;
3. Ask potential employees and contractors about previous misconduct described in Paragraph V, A, 4, a of this regulation: (refer to AR 216 *Background Investigations* and ADOC Form 216-B, *PREA Compliance*);
4. Apprise potential employees and contractors that false information or material omission regarding such misconduct shall be grounds for termination and that they have a continuing duty to disclose such conduct.

The Auditor interviewed the HR Director regarding hiring practices of the ADOC. The HR Director stated the ADOC requires background checks on all new hires, promotions, and existing staff every five years. The Divisional HR Department is responsible to track the due dates of all those staff requiring their five-year criminal history check, ensuring that they are completed as required.

In the preceding 12 months there were two persons hired who may have contact with inmates who had a criminal background check completed. The Auditor conducted a review of the criminal history checks. These records contained all items required by the standard, including the PREA documentation and verification of the completed criminal history checks.

Provision (d)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 12, V, A, 4, b, (1), indicates that before hiring a new employee or contractor, the ADOC Personnel Division or designee shall conduct a criminal background record check.

On the PAQ, FLCBF reported there are four contractors who might have contact with inmates. Additionally, in the PAQ, FLCBF reported during the past twelve months there were zero contracts where criminal background record checks were conducted on staff covered in the contract who might have contact with inmates. FLCBF provided documentation indicating these four contractors have current criminal background history checks.

Provision (e)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, V, A, 4, f, requires that the ADOC Personnel Director conduct a criminal background records check every five years on all current employees and contractors.

The Auditor interviewed the HR Director who stated the agency has a centralized database that tracks the completion of all background checks and tracks the due dates of the five-year criminal history background check. The Auditor was provided and reviewed a current listing of all FLCBF staff that reflected the dates of their last criminal background records check and their next scheduled five-year criminal check. All forty-one staff members had a current criminal background records check completed within the past five-years.

Provision (f)

The Auditor reviewed form ADOC 216-B which is provided to all applicants to the ADOC. This form is the *Prison Rape Elimination Act (PREA) Compliance* that is required to be completed by all applicants. The form has several questions, as required in Provision (a) of this standard, related to whether the candidate has ever been accused, charged, or investigated for any type of sexual misconduct,

inappropriate sexual activity, sexual abuse, or sexual harassment.

During the interview, the HR Director indicated that a condition of staff employment is that any arrest activity must be reported through the respective employer reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provide up on request.

Provision (g)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, V, A, 4, b, (2), states that before hiring a new employee or contractor the ADOC Personnel Division or designee shall, apprise the potential employee and contractor that false information or material omissions regarding such misconduct shall be ground for termination and that they have a continuing duty to disclose such conduct.

Provision (h)

During the interview, the HR Director advised that if the potential employer had a signed release of information from the potential employee, they would provide all the information relative to this standard.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding hiring and promotion decisions. No recommendations or corrective action is required.

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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No
 NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a

video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 Staffing Plan SOP
 - Process Indicators:
 - PI-1 Facility Schematic (Blueprint/Layout of Facility)

Observations during on-site review

Interviews with the following:

- Agency Head or designee (Assistant Deputy Commissioner)
- Warden or designee
- PREA Compliance Manager (IPCM)

Provision (a)

On the PAQ, FLCBF reported they have not acquired any new facilities or made substantial expansions or modifications of the existing facility. Moreover, they reported the facility has not installed or updated the video monitoring system, electronic surveillance system or other technology since the last PREA audit.

The Auditor conducted a comprehensive tour of FLCBF. Since the last audit there has not been any substantial expansions or additions to the facility.

The Auditor interviewed the Assistant Deputy Commissioner and the Warden designee, who both advised that any construction, renovation, or modification would be done with full consideration of all PREA standards. They both advised there are meetings that would be held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and conserved at such meetings. During these meetings FLCBF executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, as well as the analysis of keydata such as overtime, leave time morale, etc.

Provision (b)

During the interview process, the Warden designee expressed his commitment to the use of cameras and other means of security enhancement and expansion. He stated cameras, videos, security mirrors, etc. increase security, as well as assist in mitigating and preventing sexual abuse and sexual harassment. Of course, any expansion or addition would take PREA into consideration.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding upgrades to facility and technology. No recommendations or corrective action is required.

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 evidentiarily or medically appropriate?
 Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?
 Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency 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 *always* makes a victim advocate from a rape crisis center available to victims.)
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.

Documentation Review:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #300
- ADOC Administrative Regulation #454
- Memorandum of Understanding Between ADOC and ACAR
- Center Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 Evidence Protocol/Investigations/Medical National Protocol for Sexual Assault Medical Forensic Examinations
 - Process Indicators:

PI-1 Specialized Training Certificates for Investigators
PI-2 SANE Centers/Rape Crisis Centers Regional
List

Interviews with the following:

- Random Staff
- SAFE/SANE Staff
- Institutional PREA Compliance Manager (IPCM)

Provision (a)

On the PAQ, FLCBF reported the facility/agency is responsible for conducting administrative and criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. According to the PAQ, the ADOC has thirty-six investigators who have been assigned to address any administrative or criminal investigations. The Institutional PREA Compliance Manager (IPCM) provides investigative assistance for those inmate-on- inmate sexual harassment administrative cases.

The ADOC has a uniform evidence protocol, as outline in ADOC Administrative Regulation #300, dated April 18, 2016, p. 1, Section II, which states the policy of the ADOC is to conduct all investigations in a fair and impartial manner, maintain confidentiality in all investigations, and protect the constitutional rights of all individuals subjected to investigation.

The Auditor interviewed random staff regarding the rules of evidence, and their understanding of the process should an inmate report alleged sexual abuse. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

The Auditor was able to speak with personnel at One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-7378, who advised they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. She confirmed the exams are free of charge and are paid through the Alabama Crime Victim Compensation Fund. Further each inmate who has a SANE exam is assigned a Sexual Assault Response Advocate upon arrival, prior to the forensic examination taking place. After the exam, the Sexual Assault Response

Advocate stays with the inmate until he is taken back to the facility. Follow-up by Case Management staff is done with the inmate within 72 hours of the visit, unless otherwise requested. Counseling, legal advocacy and support groups are discussed to aid in the healing process.

The Auditor was advised in the past 12-months they have conducted one forensic examination on FLCBF inmates.

Provision (c)

On the PAQ, FLCBF reported all treatment services are provided to the victim without financial cost.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section G, 3, c, indicated treatment services shall be provided to the victim without financial cost and regardless if the victim names the abuser or cooperates with an investigation arising out of the incident.

The Auditor was provided with a Memorandum of Understanding (MOU) between the ADOC and the Alabama Coalition Against Rape (ACAR). This MOU establishes collaboration between the ADOC and twenty-eight rape crisis centers throughout the State of Alabama to provide confidential support services related to sexual abuse at ADOC facilities. The inmates at FLCBF receive services through One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-7378.

During the interview with the IPCM, he advised in the past twelve months there has been one inmate who have been transported for SAFE/SANE services.

The Auditor conducted an interview with a SAFE/SANE representative. She confirmed the exams are provided at no cost to the inmate and that all forensic services are provided when the inmate is presented for follow-up. She indicated forensic nurses (SAFE/SANE) are available twenty-four hours a day, seven days a week. She indicated in the event no SAFE/SANE staff were on duty at the time an inmate presented, someone is always on call and would report to the hospital immediately to conduct the examination.

Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination. In addition, per the MOU with ACAR, the victim/inmate is also provided advocacy assistance through One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-7378.

During the interview with the IPCM, he indicated victim advocacy services are offered through contract and are built into the forensic exam process. The IPCM stated that all requirements of PREA have been incorporated into the contract. Prior to the examination, the inmate meets the victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-7378.

At the time of the audit there were zero inmates at FLCBF who had reported sexual abuse and two who had disclosed prior sexual victimization during risk screening. The two inmates who disclosed prior sexual victimization during risk screening were both offered timely mental health referrals as required by standard.

Provision (e)

As stated in Provision (d) during the examination, the inmate meets the victim advocate. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

Provision (f)

As reported in Provision (a) the facility/agency is responsible for conducting administrative and criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct.

Provision (g)

Auditor is not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through contract and are built into the forensic exam process.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding evidence protocol and forensic medical examinations. No recommendations or corrective action is required.

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 the policy 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.

Documentation Review:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Standard Operating Procedure Investigations & Intelligence #454
- ADOC Administrative Regulations #300
- ADOC Duty Officer Report
- National Institute of Corrections Investigations course certificate completions and continuing education credits
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - Process Indicators:
 - PI-1 Administrative or Criminal Investigations/Refer to Investigations
 - PI-2 Website Publication
 - PI-3 Referrals to Investigations/Incident Reports

Interviews with the following:

- Random Staff
- Investigative Staff

Provision (a)

The agency and facility refer all investigations to the Alabama Department of Corrections (ADOC) Law Enforcement Services Division (LESD), formerly known as the Investigation and Intelligence (I & I) Division. According to the PAQ, the ADOC has a team of thirty-six staff investigators. These investigators are divided by regions of the state. The auditor reviewed documentation confirming the investigator completed the specialized investigative training from the National Institute of Corrections.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, Section I, 1, b, states the Intelligence & Investigations (I & I) Division is responsible for conducting a prompt, thorough and objective investigation, whether administrative or criminal. Administrative investigations shall be completed regardless of the results of any criminal investigations and regardless of the subject's continued employment by ADOC. The I & I Division shall refer all substantiated criminal cases to the local District Attorney's office and will be available, as requested, to collaborate with those authorities to support criminal prosecution of those cases.

Information received regarding allegations of sexual abuse and sexual harassment indicate in the past 12-months FLCBF had one PREA investigation. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report no later than four hours of becoming aware of it.

Provision (b)

The policy's regarding the ADOC's obligation to thoroughly investigate all matters relative to sexual abuse and sexual harassment are provided in Provision (a).

The agency employs trained peace officer staff who have the authority to conduct sexual abuse/sexual harassment investigations. All investigations are overseen by the ADOC Law Enforcement Services Division (LESD), formerly known as the I & I Division. All investigators and FLCBF officers are trained peace officers. All substantiated criminal investigations are referred to the district attorney for prosecution. Investigations that are administrative in nature are completed by LESD. ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 7, Section C, 5, I & I is responsible for notifying the inmate whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

FLCBF documents all allegations on a Duty Officer Report (DOR), which are either followed up through the administrative or criminal investigation process. The policy and processes are published on the agency website, as were verified by the Auditor.

During the interviews, staff indicated all allegations are investigated. The ones which are criminal in nature are investigated by LESD and then referred to the local district attorney office for prosecution.

Provision (c)

As stated in Provision (a) the agency and facility refer all investigations to the Alabama Department of Corrections (ADOC) Law Enforcement Services Division (LESD).

Provision (d)

Auditor is not required to audit this provision.

Provision (e)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that

the agency/facility meets the standard which addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action is required.

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 inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire(PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - Process Indicators:
 - PI-1 Training Curricula

PI-2 What Staff Should Know About Sexual
Misconduct with Inmates Pamphlet
PI-3 Annual Training Records
PI-4 PREA Test
PI-5 PREA Information Board
PI-6 IPCM Training
PI-7 Staff Training Meetings, Signature Page

Observations during on-site review

Interviews with the following:

- Random Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 11, V, A, 1, indicates employees shall receive training to include, but not be limited to, the prevention, detection, response and reporting of allegations of inmate sexual abuse, sexual harassment, and custodial sexual misconduct. Such training shall encompass all required areas employees need to know to ensure compliance with PREA standard requirements. Employee instruction shall be accomplished during initial training, annual in-service training, specialized training, and additional training as needed. Employee training shall be documented to denote employee understanding of material and verified through employee signature and refresher training shall be accomplished at least every two years.

The Auditor reviewed the agency's curriculum and training materials. The core training materials were developed by The Moss Group and contain all ten of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the employee's classification with some specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed a total of forty-one staff training files. Each reviewed record contained all relevant documentation to reflect the staff had met their initial PREA requirements. In addition, the Auditor also reviewed all the sign-in sheets for PREA refresher training for the past twelve months which confirmed by staff signatures, each of the employees at FLCBF had acknowledged receiving the PREA training.

Each of the random staff interviewed recalled attending the initial PREA training when they were hired or when PREA went into effect. All staff interviewed confirmed they receive annual PREA training, as well as additional in-service training.

Provision (b)

The policy regarding the ADOC's responsibility to provide training and education regarding sexual abuse and sexual harassment are provided in Provision (a).

The training provided by the ADOC, addresses both male and female issues. However, the FLCBF training has been tailored specifically to the male inmate population. The Auditor reviewed the training materials utilized for the staff at FLCBF. The training materials are consistent with the PREA standard.

As stated in Provision (a), the Auditor reviewed the sign-in sheets for the training that occurred at FLCBF, verifying attendance of FLCBF staff.

Provision (c)

Of the forty-one staff presently assigned to FLCBF, the Auditor reviewed documentation that reflected all forty-one staff or 100% of the staff have received the PREA training in the past twelve months.

During the on-site facility tour, the Auditor observed a bulletin board which depicted assorted aspects of the PREA standards. It contained assorted items regarding PREA such as terminology, how to report, zero tolerance, the inmate right to be free from sexual abuse and sexual harassment, #6611 (which is the number the inmates dial to report any incident of sexual abuse). The IPCM indicated this board is changed out quarterly to keep the information fresh and relevant.

A tri-fold pamphlet is distributed to staff entitled PREA, Prison Rape Elimination Act, What Staff Should Know About Sexual Misconduct with Inmates. This pamphlet addresses the major components of PREA, definitions of Sexual Abuse and Sexual Harassment, as well as other issues for staff to consider.

The ADOC developed a small pocket-sized spiral notebook, entitled Prison Rape Elimination Act (PREA), A Trauma-Informed Guide for First Responders. This spiral notebook is made of a laminated plastic, with tabbed sections for easy review. The seven sections are:

- Intro to PREA
- Definitions of Sexual Abuse and Sexual Harassment
- PREA Components
- Prevention
- Detection
- Response
- Summary/Resources

Provision (d)

PREA training requirements mandate attendance at all PREA required training to be

documented through employee signature, acknowledging the training they have received. In some instances, employees are required to complete an Acknowledgement of Receipt of Training upon completion of the training. A copy of these receipts was observed in every file reviewed by the Auditor. The receipts contained various dates which reflected separate training sessions.

Conclusion:

In light of the information boards that are created several times a year, the Prison Rape Elimination Act (PREA) A Trauma-Informed Guide for First Responders spiral notebook, and the tri-fold pamphlet PREA, Prison Rape Elimination Act, What Staff Should Know About Sexual Misconduct with Inmates, the Auditor has determined that the agency/facility exceeds the standard which addresses policies regarding employee training. No recommendations or corrective action is required.

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 inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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.

Documentation Review:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire(PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 AR 216
 - Process Indicators:
 - PI-1 Contractor Training Records
 - PI-2 Volunteer Training Records
 - PI-3 Training Curricula Volunteer/Contractor Training
 - PI-4 Volunteer/Contractor Training Card

Interviews with the following:

- Contractor who has contact with inmates
- Volunteer who has contact with inmates

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 11, K, 8, indicates the IPCM is responsible to ensure all volunteers and contractors at their facility have received appropriate training.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 11, Section M specifies that employees, contractors, and volunteers are responsible for adherence to ADOC policies and procedures relating to inmate sexual abuse, sexual harassment, and custodial sexual misconduct.

The Auditor conducted one formal interview with a contract staff. This contractor was a pest control technician. He confirmed he had PREA training. He recalled the level of training was specific to his contractor role or responsibilities in the facility. When the Auditor questioned him about his knowledge of PREA, he was able to identify what PREA was and more importantly, what his role or responsibility was in the event he was confronted with a situation of sexual abuse or sexual harassment. He verbally demonstrated to the Auditor a comprehensive and complete understanding of the agency's zero-tolerance policy and how to address any instance when an inmate reports a PREA specific issue.

The Auditor reviewed the agency's curriculum and training materials. The core training

materials were developed by The Moss Group and contain all ten of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the responsibilities and role of the contractor or volunteer.

Provision (b)

The Auditor was provided with a four-page handout entitled Prison Rape Elimination Act PREA Training for Volunteers and Contractors. The handout covers numerous items relating to PREA starting with an overview, purposes of PREA, objective of PREA, the ADOC procedures for reporting incidents and/or allegations of prison rape, as well as the definition of sexual assault, sexual harassment, and custodial misconduct. The last page is an Acknowledgement page for the contractor or volunteer to sign, with a copy of the acknowledgment being retained in the IPCM training file.

At the present time there are four contract staff. These contract staff are provided specific PREA training relative to their positions. They are also provided ADOC specific PREA training.

A tri-fold pamphlet is distributed to volunteers and contractors entitled PREA, Prison Rape Elimination Act, Training for Volunteer and Contractors. This pamphlet addresses the major components of PREA, definitions of sexual abuse and sexual harassment, as well as other issues for volunteers and contractors to consider.

Provision (c)

As indicated in Provision (b) copies of the acknowledgment page from the PREA training is retained by the IPCM. The Auditor reviewed the sign-in sheets from the PREA training sessions for the past twelve months. Each sign-in sheet reflected acknowledgment signatures from contractors and volunteers for the PREA training they received.

Conclusion:

In light of the four-page handout entitled *Prison Rape Elimination Act PREA Training for Volunteers and Contractors* and the tri-fold pamphlet *PREA, Prison Rape Elimination Act, Training for Volunteer and Contractors*, along with the regular ADOC training, the Auditor has determined that the agency/facility exceeds the standard which addresses policies regarding volunteer and contractor training. No recommendations or corrective action is required.

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, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?
Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes
No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulations #454-A
- ADOC *Male Inmate Handbook*, dated September 25, 2017
- Inmate Prison Rape Elimination Act Training Curriculum
- PREA Posters
- Misc. Training Materials
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 Inmate Handbook
 - Process Indicators:
 - PI-1 Inmate Orientation Material on Sexual Assault
 - PI-2 Inmate Receipt of PREA/Acknowledgement
 - PI-3 What You Should Know About Sexual Abuse and Assault Pamphlet
 - PI-4 Posters and other Visual Aides/Spanish/Low-Vision Reading Materials

Observations during on-site review

Interviews with the following:

- Intake Staff
- Random Inmates

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p.13, B, 1, a, states all inmates shall be given understandable information, both written and verbal, explaining the ADOC's zero tolerance PREA policy including how to report sexual abuse and harassment upon initial intake into an ADOC institution.

The ADOC *Male Inmate Handbook*, dated September 25, 2017, the inmate orientation material, the PREA pamphlet and the PREA posters were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

The Auditor reviewed a copy of the *Initial Intake Acknowledgement* (ADOC Form 454-A) which is completed by each inmate upon arrival. This form is a checklist of eight-line items, which require the inmate to read and sign, and is witnessed by a staff member. The form is then placed in the inmate file. The checklist includes:

1. The ADOC has a Zero Tolerance Policy toward Prison Rape
2. Sex between inmates is not allowed
3. Forcing or coercing another inmate into sexual acts is illegal
4. It is illegal for a staff member to have sex with an inmate
5. If you are being harassed or have been sexually assaulted or if you have witnessed sexual harassment or sexual assault you may report it, one of the following ways:
 - a. Report to any ADOC Employee
 - b. Report it to the Institutional PREA Compliance Manager
 - c. Dialing *6611 on any inmate phone system
 - d. Write a letter to the ADOC I & I Division using a pre-addressed envelope that is available for the drop boxes
 - e. Have a family member or friend report it via the ADOC website. www.doc.alabama.gov
6. All claims of sexual harassment and sexual assault will be investigated.
7. A statement of findings of the investigation will be provided to the victim
8. Criminal charges will be pursued, if applicable.

There were fifty inmate records reviewed. Of these fifty records, a signed, and dated documentation of PREA education was retained in every file with the rest of the

inmate information. The date of the signature coincided with the date the inmate arrived at the facility. All fifty inmate records revealed they were screened within 72-hours of arriving, received 30-day comprehensive PREA education and were re-assessed within 30-days as required by standard.

During the interview process, it was confirmed inmates are provided a PREA orientation packet upon arrival at FLCBF. The inmate signs the acknowledgment form which is retained in the inmate record.

The facility has ample telephones designated for inmate use. Using any of these telephones, an inmate can dial *6611 and be immediately connected to the PREA hotline. The inmate is then advised she can make a report anonymously. The call is free of charge and confidential. This was confirmed by the Auditor on the on-site tour.

During the interviews with inmates, they all remembered receiving written PREA materials and watching the ADOC PREA video at some point after their arrival. All the interviewees reported the material they received included information about the facility's zero tolerance policy and ways to report. All interviewees spoke highly of the IPCM and stated their belief he cared for their well-being and safety.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 1, b, states all inmates shall receive a comprehensive educational orientation by an IPCM on the ADOC's zero tolerance PREA policy and how to report sexual abuse and harassment within 30-days of arrival into an ADOC institution. The facility policy is a replica of the ADOC policy.

Per the PAQ, FLCBF reported during the past 12-months there were 163 inmates admitted to the facility whose length of stay was more than thirty days. The PAQ also reflected all these inmates were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for reporting. FLCBF reported 100% of the inmates admitted to their facility in the past 12-months received the mandated information.

During interviews with intake staff, it was indicated inmates receive their PREA training immediately upon arrival, prior to their unit assignment. They reported the inmates are not allowed to leave the intake area until they have completed their PREA orientation.

During interviews with inmates, each were asked to briefly outline what they learned during PREA training. All responses were similar in nature and were generally: zero

tolerance for sexual abuse or harassment, right to be free from sexual harassment and retaliation for reporting, who to talk to about a concern, who to report an incident to, to dial *6611 on the phone to make a report, use the locked drop boxes to file an anonymous report, call the number on the posters around the facility.

Provision (c)

As indicated in Provision (b) 100% of inmates who entered the facility during the past 12-month period received the required PREA training. At the time of PREA implementation, all inmates incarcerated at FLCBF were required to attend PREA training. Inmates arriving after implementation received their training at intake. The inmate is also provided an inmate handbook, written material on sexual abuse and sexual harassment, and *What You Should Know About Sexual Abuse and Assault* pamphlet. At the end of the intake process is a question-and-answer period to reinforce retention of the information presented during intake.

The information was documented with verification of the training retained in the inmate file. The Auditor reviewed a copy of this documented verification.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. Interviews with intake staff advised that upon arrival at the facility inmates are given orientation materials, including PREA related materials before being assigned to a housing unit. This is a requirement for all inmates, whether they are a new intake or a transfer from another facility.

Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 1, c, requires that the IPCM provide all inmates accessible educational formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service.

The various training elements provided to the inmate population range from PREA orientation materials and documents in both English and Spanish, PREA posters in both English and Spanish, to staff members who are fluent in Spanish.

During the interview with the IPCM, he was asked what the process was if an inmate had a disability not covered under the training elements established by the facility. He advised he would work with the ADA coordinator to ensure each inmate is able to understand and retain the PREA materials to a comfort level of comprehension.

Provision (e)

As stated in previous provisions, all inmates are required to sign the ADOC

Administrative Regulations #454-A, *Inmate Awareness Acknowledgment*. A copy of this acknowledgment is scanned and retained in the inmate file as documentation.

As stated in provision (a), a review of fifty inmate records was conducted. Of these fifty records, a signed, and dated documentation of PREA education was retained in every file with the rest of the inmate information. The date of the signature coincided with the date the inmate arrived at the facility. All fifty inmate records revealed they were screened within 72-hours of arriving, received 30-day comprehensive PREA education and were re-assessed within thirty-days as required by standard.

The ADOC has a database to track if an inmate has participated in the mandated PREA training. The database can conduct a query by inmate name and facility to verify whether an inmate has received training.

Provision (f)

FLCBF and the IPCM put forth effort to ensure the inmates at FLCBF receive crucial education about sexual abuse and sexual harassment. Using varying formats, the inmate population receives essential information in user friendly, comprehensible ways. The various delivery systems are the PREA posters, PREA orientation video, PREA inmate handbook, which specifically lays out the prevention of sexual violence, zero tolerance policy and includes multiple methods inmates can seek assistance regarding sexual violence.

ADOC created a variety of PREA posters, in both English and Spanish. These posters are different throughout the facility as not to become easy to overlook. They are posted in every area of the facility. During the on-site, the Auditor observed these posters in every room throughout the facility.

In interviews with inmates, they each reported the IPCM often checks with them formally and informally about PREA issues and practices.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standards for inmate education. No recommendations or correction action is required.

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 receive 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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC SOP OPR: I & I Number 454
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 AR 300
 - Process Indicators:
 - PI-1 Specialized Training Curriculum
 - PI-2 Training Certificates for Investigators

Interviews with the following:

- Investigative Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 11, V, 2, indicates that additional training related to investigators roles includes, but is not limited to:

- Interviewing Sexual Abuse Victims
- Proper Use of Miranda and Garrity Warnings
- Conducting Sexual Abuse Investigations, including the collection of evidence in a confinement setting
- Criteria and evidence required to substantiate a case for administrative action
- Criteria and evidence required to substantiate a case for prosecutorial referral

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, further dictates that all training must be documented and verified through employee signature and must be retained by the agency.

ADOC SOP, OPR: I & I Number 454, PREA Sexual Assault Investigations, p. 2, C, 1, specifies that the I & I investigators shall receive additional training related their roles to include, butnot be limited to:

- Interviewing Sexual Abuse Victims
- Conducting Sexual Abuse Investigations in confined settings
- Investigation and Evidence Collection for Inmate Sexual Offenses
- Sexual Harassment and Custodial Sexual Misconduct

The Auditor reviewed portions of the on-line training required of all ADOC investigators. This material is provided on-line through the United States Department of Justice, National Institute of Justice entitled, Sexual Abuse and the Initial Responder. This on-line training provides investigative staff training in the following areas:

- PREA Investigations
- Working with Victims Interviewing Techniques
- Institutional Culture and Investigations

According to the PAQ, the ADOC currently employs thirty-six investigators statewide. The Auditor reviewed training certificates for each of the investigators assigned to the FLCBF area, as well as the Specialized Investigation Training certificates provided by the Moss Group. The training records reflected the required training items in addition to various other courses such as: Trauma-Informed Sexual Assault, Human Trafficking, Prison Rape and Sexual Assault Investigations.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 11, V, 2, mandates investigators and other ADOC employees with PREA related responsibilities to receive additional training related to their roles to include, but not limited to:

- Interviewing Sexual Abuse Victims
- Proper Use of Miranda and Garrity Warnings
- Conducting Sexual Abuse Investigations, including the collection of evidence in a confinement setting
- Criteria and evidence required to substantiate a case for administrative action
- Criteria and evidence required to substantiate a case for prosecutorial referral

The Auditor could view the US Department of Justice, Bureau of Prisons, NIC training entitled “Sexual Abuse and the Initial Responder.” There are currently five chapters provided in this training course:

- Course Introduction
- PREA Investigations
- Working with Victims
- Interviewing Techniques
- Institutional Culture and Investigations

Through a review of training records and an interview with the FLCBF investigator, the Auditor was able to confirm that all training requirements have been met.

Provision (c)

As outlined previously in Provision (a) & (b) ADOC Administrative Regulation 454 address this provision.

The ADOC currently employs thirty-six investigators statewide. The Auditor reviewed thirty-six training certificates for each of the ADOC Investigations & Intelligence PREA Investigators, as well as the Specialized Investigation Training certificates provided by the Moss Group.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses policies regarding specialized training: investigations. No recommendations or corrective action is required.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.)
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- Standard Operating Procedure #454-1

- Protocols:
 - P-1 AR 454
 - P-2 MOU with ACAR
- Process Indicators:
 - PI-1 Training Records of Medical and Mental Health Practitioners
 - PI-2 Specialized Training Curricula

Observations during on-site review

Interviews with the following:

- Medical Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 12, V, 3, a-g, dictates that medical and mentalhealth employees, shall receive additional training to include, but is not limited to:

- a. How to detect and assess signs of sexual abuse and harassment.
- b. How to preserve physical evidence of sexual abuse.
- c. How to respond effectively and professionally to victims of sexual abuse and harassment.
- d. How and to who to report allegations or suspicions of sexual abuse and harassment,
- e. Recognizing the special medical and mental needs of all inmates,
- f. Factors to consider in an inmate's risk of sexual victimization,
- g. Trainings shall be documented to denote employee understanding of material and verified through employee signature,

A review of the provided lesson plan/training materials demonstrate compliance with this training requirement.

Through staff interviews and review of training documents by the Auditor, each of the medical staff have attended the required training and meet all training requirements.

Provision (b)

N/A - All medical staff at FLCBF are prohibited by procedure from performing forensic examination on sexual abuse victims.

Provision (c)

As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements. All training documentation is

retained in the employee file, as required.

Provision (d)

The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training that is mandated for ADOC employees, contractors and volunteers outlined in policy and PREA standards. The sign-in sheets confirm, in addition to specialized training, the contracted medical staff received the general PREA training mandated for all ADOC employees.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses policies regarding specialized training: medical and mental health care. No recommendations or corrective action is required.

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 inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #637
- ADOC Form 454-C, *Classification PREA Risk Factors Checklist*
- ADOC Form 454-K, *PREA Risk Assessment*
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 Classification Manual
 - Process Indicators:
 - PI-1 Intake Risk Assessment Checklist
 - PI-2 Risk Assessment Checklist
 - PI-3 Explanation of Vault Procedures
 - PI-4 Classification Spreadsheet

Observations during on-site review:

Interview with the following:

- Staff Responsible for Risk Screening
- Institutional PREA Compliance Manager (IPCM)
- Agency PREA Director (PD)
- Random Inmates

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 15, F, 1, mandates all ADOC facilities, including FLCBF, are required to screen all new inmates, at initial intake. The intake is to occur no more than 72-hours after arrival and is to screen for potential risk of sexual vulnerability and potential risk of sexual aggression. The intake shall be completed using ADOC Form 454-C, *PREA Risk Factors Checklist*.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 15, F, 2, mandates all ADOC facilities, including FLCBF, are required to screen all inmates transferring from another facility, at initial intake. The intake is to occur no more than 72-hours after arrival and is to screen for potential risk of sexual vulnerability and potential risk of sexual aggression. The intake shall be completed using ADOC Form 454-C, *PREA Risk Factors Checklist*.

Of the inmates who were interviewed relative to this provision, 100% were able to recall being asked questions relative to their concern for sexual safety, and if they felt like they were going to harm themselves.

During the on-site audit, the facility staff explained the intake screening process and the Auditor subsequently reviewed intake screening documents. The intake staff explained each of the documents and assessments utilized.

Provision (b)

As stated in (a), according to the listed policies all inmates must be screened within 72 hours of arrival.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% or 180 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility.

A list of inmates' arrival dates and dates of evaluation demonstrate compliance with this standard. Using this list, the Auditor reviewed random inmate files to ensure they received the training and how that training was completed. The files were for inmates from varying housing units, ethnic and racial backgrounds. All fifty records had verification that the initial screening had occurred within 72-hours of arrival at FLCBF.

All the inmates recalled being asked questions specific to previous sexual abuse & harassment within three days of their arrival at the facility.

As stated in Provision (a), the Auditor was able to specifically question staff about the required questions. The intake staff replied that all the PREA related questions are asked during initial intake and ongoing classification screenings.

Provision (c)

The Auditor reviewed copies of several intake forms and screening assessments from the intake staff, which were documented on the ADOC Form 454-K, *PREA Risk Assessment* and ADOC Form 454-C, *Classification PREA Risk Factors Checklist*. These forms are the foundation for an assessment that provides the intake and classification staff with an independently developed, validated and objective assessment used for screening assessments, as outline in the following paragraph.

ADOC Administrative Regulation #637, dated May 9, 2018, Gender Dysphoria, p. 2, V, A,1, states that pursuant to ADOC Administrative Regulation 454 "Prison Rape Elimination ACT" (PREA), all new incoming inmates shall be screened at the reception and diagnostic centers for a history of predatory sexual behavior, sexual abuse and the likelihood/potential of sexual abuse/victimization using the PREA

screening checklist and instructions utilizing the PREA screening checklist (Form 454-C).

Staff members who conduct intake screenings utilize ADOC Form 454-K, *PREA Risk Assessment* and ADOC Form 454-C, *Classification PREA Risk Factors Checklist* for guidance in conducting an initial assessment of an inmate's risk of victimization and risk of abusiveness. All inmates are reassessed within thirty days.

The Auditor was able to verify compliance with this provision through the review of fifty inmate records, reflecting copies of the required assessments. A copy of the risk assessment questionnaire was provided to the Auditor. A review of this instrument indicates it is weighted and scored based upon responses to specific questions required in the Standard and Provision.

As stated in (a), the Auditor was able to interview intake staff who were able to explain to the Auditor through the intake screening and classification process, which included an overview of the ADOC Form 454-C, *Classification PREA Risk Factors Checklist* and ADOC Form 454-K, *PREA Risk Assessment*.

Provision (d)

The Auditor reviewed the ADOC Form 454-C, *Classification PREA Risk Factors Checklist*, Parts 1 and 2, and compared the questions on Part 1 of the form with the requirements for Provision (d). All items for Provisions (d) have been included into Part 1 of the screening instrument. The included items are:

1. Whether the inmate has a mental, physical, or developmental disability
2. The age of the inmate
3. The physical build of the inmate
4. Whether the inmate was previously incarcerated
5. Whether the inmate's criminal history is exclusively nonviolent
6. Whether the inmate has prior convictions for sex offenses against an adult or child
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
8. Whether the inmate has previously experienced sexual victimization
9. The inmate's own perception of vulnerability;
10. Whether the inmate is detained solely for civil immigration purposes.

As stated in (a), the screening and intake process was explained to the Auditor, which included the ADOC Form 454-C, *Classification PREA Risk Factors Checklist* and ADOC Form 454-K, *PREA Risk Assessment*.

Provision (e)

The Auditor reviewed the ADOC Form 454-C, *Classification PREA Risk Factors Checklist*, Parts 1 and 2, and compared the questions on Part 2 of the form with the requirements for Provision (e). All items required for Provision (e) have been included in the screening instrument, which addresses Possible Sexual Predatory Risk Factors. The items addressed include:

- Prior acts of sexual abuse
- Prior convictions for violent offenses
- History of prior institutional violence or abuse

As stated in (a), the screening and intake process was explained to the Auditor, which included the ADOC Form 454-C, *Classification PREA Risk Factors Checklist* and ADOC Form 454-K, *PREA Risk Assessment*.

Provision (f)

The Auditor reviewed the PAQ which indicated within the past 12 months, 100% or 163 have been assessed for the risk of sexual victimization or risk of sexually abusiveness of other inmates within thirty 30-days of their entry into the facility. Inmates are re-assessed as required.

Out of the fifty inmate records which were reviewed by the auditor, all had been reassessed within thirty days.

All inmates interviewed relative to this provision indicated they recalled being asked questions relative to this standard, most indicated they recalled being interviewed within a couple of weeks after arrival.

Provision (g)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, F, 5, specifies all inmates shall be reassessed for risk of sexual victimization and abusiveness within 30-days of intake. In addition, upon receipt of additional information that bears on an inmate's risk of sexual victimization or abusiveness, additional screening will be conducted.

As stated in Provision (a), the Auditor was able to sit with and interview intake staff who were able to walk the Auditor through the intake screening and classification process. Intake staff indicated they monitor all the inmate population and will conduct a re-assessment when warranted due to:

- A referral
- A request
- An incident of sexual abuse, or
- A receipt of additional information that may have some

bearing on their inmate's risk of victimization or abusiveness.

Provision (h)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 7, indicates during the time of these assessments the ADOC shall take no formal or informal disciplinary action should an inmate refuse to participate or answer any screening questions.

These policies are all encompassing and do not specifically identify the inmates relative to their disabilities, gender preferences, history of sexual victimization and/or the inmate's own perception of vulnerability. Should the inmate choose not to answer for any reason, they cannot be disciplined. The policy language is broad and applicable to this provision.

Intake staff indicated they do not discipline any inmate for their refusal to answer these questions during an assessment, rather each of them indicated they would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the inmate chose not to respond.

Provision (i)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 8, mandates there will be appropriate controls on the dissemination of screening information as to ensure each inmate's sensitive information is not exploited.

As stated in (a), the Auditor interviewed intake staff. During that interview, the staff indicated access to the inmate's classification information is secured, with controlled access by classification staff.

The Auditor interviewed the PREA Director and the IPCM regarding who can specifically access the screening information collected during intake and screenings, and was advised that Medical Staff, Classification Staff and the PREA Compliance Manager have access. The PREA Director and IPCM acknowledged the PREA Director made a procedural change by adding the IPCM as back-up to conduct the risk assessments when classification cannot.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standards for inmate education. No recommendations or correction action is required.

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) 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.

Documentation Review:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- ADOC Administrative Regulation #454
- ADOC SOP Number 454-5
- Form 454-C, *Classification PREA Risk Factors Checklist*
- ADOC Form 454-K, *PREA Risk Assessment*
- ADOC, PREA Director memo, dated February 20, 2020, Transgender Reassessment and Housing.
- Inmate Files
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 Housing Designation SOP
 - Process Indicators:
 - PI-1 Intake Risk Assessment Checklist
 - PI-2 Risk Assessment Checklist
 - PI-3 Housing Designation Spreadsheet

Interview with the following:

- Staff Responsible for Risk Screening
- Institutional PREA Compliance Manager (IPCM)
- Agency PREA Director (PD)
- Random Inmates

Provision (a):

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 9, a, specifies that during the screening process and PREA Mental Health Assessment shall be used to make individualize and safety-based determination and assist in the initial classification and institutional assignment of the inmate, with the goal of keeping separate inmates at high-risk of being sexually victimized from those at high risk of being sexually abusive.

The IPCM indicated every assessment completed by staff is factored into the placement and programming of each inmate (ADOC forms 454-C and 454-K). He further stated the inmate's risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those of at high risk of being sexually abusive.

Following a review of fifty inmate records, the Auditor was able to verify the information from these assessments was being utilized in the various classification decisions made by staff.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 10, a, indicates the information obtained during the screening process and PREA Mental Health Assessment is used to make individualize and safety-based determinations and assist in the initial classification and institutional assignment of the inmate, as well as determine work, education, and program assignments.

During the interview process, the Auditor was advised that because of the assessment procedures being utilized, each inmate is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each singular inmate when making classification and housing decisions.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, F, 10, f, requires that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, ADOC shall consider on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security concerns.

During the interview process, the screening staff indicated transgender or intersex inmates view of their own safety is taken into serious consideration when determining housing placements and programming assignments. In addition, the staff indicated because of the assessments that are utilized, each inmate is evaluated separately.

During the interview process, the agency PREA Director (PD) indicated according to ADOC policy, the gender identification of each inmate is initially determined by their sex assignment at birth. However, she further clarified that from that point every inmate is individually assessed and classified to ensure the safety of each inmate, as well as the safety of the inmate population.

There was one transgender inmate at FLCBF at the time of the audit. During her interview she affirmed her belief that the staff considered her view of her own safety when making housing and programming decisions in her case.

Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, F, 10, d, advises that

placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

During interviews with the PD, IPCM and staff responsible for screening, all specified the transgender or intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. They further confirmed that regular classification reassessments are conducted a minimum of every six months, or if the inmate is involved in an incident of a sexual nature.

There was one transgender inmate at FLCBF at the time of the audit. During her interview she affirmed she was reassessed twice a year.

Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, F, 10, e, shows that a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration.

During interviews with both the PD, IPCM and staff responsible for screening, all specified the Transgender or Intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

There was one transgender inmate at FLCBF at the time of the audit. During her interview she affirmed her belief that the staff considered her view of her own safety when making housing and programming decisions in her case.

Provision (f)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, F, 10, g, reveals transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The Auditor asked the PD, IPCM and the staff responsible for risk screening about the showering arrangements for transgender or intersex population. Each indicated the inmate's views of their own safety is given serious consideration when providing showering options. In addition, they clarified that transgender or intersex inmates would be able to shower separately from other inmates by utilizing alternate shower times.

As previously identified, each of the housing areas have bathrooms that provide privacy from opposite gender staff. The random staff who were interviewed also indicated that if a transgender or intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates. It was indicated that the alternate shower time would probably be thirty minutes before or after other inmates can shower.

There was one transgender inmate at FLCBF at the time of the audit. During her interview she said she had no problems with the showering situation.

Provision (g)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, F, 10, c, specifies the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

The interview with the PD and the IPCM, both indicated that neither the ADOC or FLCBF are under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. Both indicated that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff will meet with the inmate and address the concerns.

There was one transgender inmate at FLCBF at the time of the audit. During her interview she affirmed her housing unit is general population.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard requiring the use of screening information. No recommendation or corrective action is required.

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 inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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.

Documentation Review:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- ADOC Administrative Regulation #454
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 AR 435
 - P-3 Memo of non-occurrence from IPCM
 - Process Indicators:
 - PI-1 Housing Designation Spreadsheet
 - PI-2 Segregation Log/Holding Cell/Crisis Cell
 - PI-3 Post Allegation Protective Custody Form

Interview with the following:

- Warden or designee
- Institutional PREA Compliance Manager (IPCM)

Provision (a):

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, J, 1, specifies that inmates at high risk for sexual victimization or those who report sexual victimization shall not be

placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternative and a determination made that there are no other alternatives available.

During the past twelve months there have been zero inmates placed into involuntary administrative or punitive segregation in accordance with this standard. The PAQ reflects this information. Through the interview process with the Warden designee and the IPCM specific to this issue, both confirmed FLCBF does not have a segregation unit. During the facility tour, no segregation unit was observed anywhere on the facility campus.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, J, 2, indicates that inmates placed into segregated housing as the only means of protecting such an inmate shall have access to all programs, privileged, education and work opportunities, to the extent possible, and it shall only be until an alternative means of separation from the likely accuser can be arranged, a time period not to ordinarily exceed thirty days. In these cases, the facility shall clearly document the basis for the facility's concerns for the inmate's safety and the reason why no alternative means of separation can be arranged.

As stated in Provision (a), FLCBF does not have a segregation unit. Consequently, no inmates could be interviewed relative to this provision.

Provision (c)

As stated in Provision (a), FLCBF does not have a segregation unit. Consequently, no inmates were held longer than thirty days.

Provision (d)

N/A

Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, J, 3, states inmates placed into segregated housing as the only means to protect such an inmate shall be afforded reviews by the facility every thirty days to determine whether there is a need to continue separation from the general population.

During the past twelve months there have been zero inmates placed into protective custody in accordance with this standard. FLCBF does not have a segregation housing unit.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard relative to protective custody. No recommendation or corrective action.

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- ADOC Administrative Regulation #454
- PREA Poster in English and Spanish
- Inmate Legal Mail Envelopes
- ADOC, Male Inmate Handbook – 09/25/2017
- Inmate Hotline MOU
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 MOU with Securus
 - Process Indicators:
 - PI-1 Poster with Reporting Methods

Observations during on-site review

Interview with the following:

- Institutional PREA Compliance Manager
- Random Staff
- Random Inmates

Provision (a):

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 21, Section H, 2, a, specifies that inmates may report sexual abuse or harassment verbally or in writing, third party or anonymously. Inmates may file a grievance, call the PREA hotline, deposit a complaint in the PREA dropbox (a secure receptacle located at each facility), tell the IPCM, contact I & I by using a pre-addressed I & I envelope, or they may tell any staff, contractor or volunteer and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.

All staff interviewed, indicated that they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. They each also reported inmates can report several different ways which includes telling a staff member, calling the PREA hotline posted throughout the facility, or telling a family member. Staff interviewed stated inmates can privately report sexual abuse or sexual harassment as well; through the hotline number *6611 or through legal mail using a pre-addressed LESD envelope, formerly known as an I & I envelope.

Inmates interviewed, all reported they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the *6611 telephone number, contacting the IPCM, have a family member contact the institution, contacting a staff member, and using the PREA boxes throughout the facility. Most indicated they would tell a staff member first.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, common areas, main hallways, intake holding area, dining room, etc. In addition, the Auditor observed boxes with PREA in bold lettering located in the facility. While interviewing mailroom staff, the Auditor was informed inmates can request and obtain envelopes which are self-addressed to the Director of the Investigations and Intelligence Division for inmates to provide confidential information relative to PREA utilizing the legal mail process.

Provision (b)

The Auditor reviewed a copy of the MOU between Securus Technologies and the ADOC. This contract went into effect May 15, 2019. The contract is to provide a comprehensive correctional communications system statewide. Through Securus Technology the following Hotline numbers are available on every inmate telephone, twenty-four hours a day, seven days a week.

- PREA and Investigations and Intelligence Hotline (*6611)

- ADOC Crime Tip Hotline designated as 1-866-293-7799, Option 4
- ACAR Hotline designated as 1-800-639-4357

The recording feature on these telephones must store call recordings for at least five years. The vendor must maintain such records as accessible online to the ADOC at no cost. Via workstation, the System must allow Authorized Users to lock call recordings to ensure their retrieval beyond the on-line storage period. Once a call recording is locked, it must be available on-line unlocked.

The IPCM was interviewed regarding the ADOC's process for providing one way for the inmate population to report abuse or harassment to a public or private entity. He indicated the ADOC has an MOU with an outside agency that provides an avenue for the inmate population to contact them and leave an anonymous message. He further stated that these messages are provided directly to the agency PREA Director for appropriate follow-up and resolution. The Auditor was able to view spreadsheets, which identify the facility and the issue; however, there is no indication of who is the reporting party, therefore, maintaining anonymity.

Of the inmates interviewed regarding this provision, all were remarkably familiar with the PREA hotline. All the inmates reported they were aware they could make a report via the telephone without providing their name or ID number.

During the on-site portion of the audit, the Auditor assessed the telephones for access to the ADOC PREA hotline. In every instance, the PREA hotline functioned as required. When the receiver was picked up a recorded message would give the person on the phone the option of making an anonymous, free telephone call to the PREA Hotline. When calling the PREA Hotline the inmate can leave a message that is approximately up to 2 minutes in length.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, a, states ADOC employees, including FLCBF employees, can receive information, including verbal, written, third party reports or anonymous complaints, concerning inmate sexual abuse, sexual harassment and custodial sexual misconduct; retaliation against inmates or staff who report such an incident, or any staff neglect or violation of responsibility that may have contributed to an incident or violation shall immediately report the incident through their chain of command.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, H, 1, b, stated that any knowledge, suspicion or information regarding sexual abuse, sexual harassment, and

custodial sexual misconduct shall be reported immediately.

A review of the male inmate handbook published September 25, 2017, p. 23, states “All allegations are investigated, and we will make all efforts to keep you safe.”

Of the inmates interviewed regarding this provision, 100% indicated they were aware they can make reports of sexual abuse or sexual harassment in person and in writing.

Provision (d)

As identified in Provision (c), this matter is addressed in ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, V. Procedures, Section H.

Through interviews with the staff, several methods for staff to privately report sexual abuse of inmates were identified. All staff indicated that they may choose to make a private report to their supervisor, another supervisor, the PREA Director or the IPCM.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard relative to inmate reporting. No recommendation or corrective action is required.

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 an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided

- ADOC Administrative Regulation #454
- FLCBF SOP 4-01, Grievance Policy, dated 12/16/16
- FLCBF, SOP Form D-01-A, *Inmate Grievance Form*
- FLCBF, SOP Form D-01-C, *Inmate Grievance Log*
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - Process Indicators:
 - PI-1 Statement of Non-Occurrence

Observations during on-site review

Interviews with the following:

- Random and Specialized Staff
- Random and Targeted Inmates

Provision (a):

On the Pre-Audit Questionnaire (PAQ), FLCBF reported they had zero (0) no grievances in the past twelve months. The ADOC, Associate Commissioner of Operations, provided a statement which confirms the Alabama Department of Corrections does not have administrative procedures to address male inmate grievances regarding sexual abuse.

The Auditor reviewed ADOC Administrative Regulation #454, the *Male Inmate Handbook*, as well as the Statement of Non-Occurrence/Non-Applicability. All three (3) indicate ADOC as an agency and FLCBF as a facility, do not have an inmate grievance procedure in place for male inmates.

Provision (b)

This is addressed in Provision (a).

Provision (c)

This is addressed in Provision (a).

Provision (d)

This is addressed in Provision (a).

Provision (e)

This is addressed in Provision (a).

Provision (f)

This is addressed in Provision (a).

Provision (g)

This is addressed in Provision (a).

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding exhaustion of administrative remedies. No recommendations or corrective action is required.

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 inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - Process Indicators:
 - PI-1 MOU with Rape Crisis Center
 - PI-2 PREA Posters
 - PI-3 Alabama Advocacy Hotline
 - PI-4 MOU with Outside Confidential Support Service Agency
 - PI-5 Advocacy Centers Contact Information

Observations during on-site review

Interviews with the following:

- Inmate who reported sexual abuse
- Random Inmates

Provision (a)

The facility provided the Auditor a listing from the Alabama Coalition Against Rape (ACAR) Member Crisis Centers, including the mailing address, as well as the office telephone number. The listing further broke down the contact information by county

for utilization by respective facilities. The facility provided the contact information for One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-737.

The Auditor spoke with a representative from One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-7378, who advised they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. She confirmed the exams are free of charge and are paid through the Alabama Crime Victim Compensation Fund. Further each inmate who has a SANE exam is assigned a Sexual Assault Response Advocate upon arrival, prior to the forensic examination taking place. After the exam, the Sexual Assault Response Advocate stays with the inmate until he is taken back to the facility. Follow-up by Case Management staff is done with the inmate within 72 hours of the visit, unless otherwise requested. Counseling, legal advocacy and support groups are discussed to aid in the healing process.

All inmates interviewed, responded they were familiar with the PREA hotline. Each reported the call was free and confidential. Each responded they knew about an outside agency because of the PREA training and the posters around the facility.

During the tour of the facility, the Auditor observed posters throughout the facility. Some posters were provided by the ADOC, some were provided by the Alabama Coalition Against Rape. The posters repeatedly stated, "You have a right to be free from sexual assault" or "zero tolerance for sexual abuse or assault". The posters had a victim support telephone number to call. An inmate can also go to the telephone and dial *6611 and be connected to the PREA hotline for a free, confidential way to report sexual abuse or assault. The Auditor utilized the telephone number provided, as well as the *6611 and was able to confirm it was a functioning for the identified services. Lastly, posting around the facility let inmates know they can notify the IPCM, or other staff member, of any incident of sexual abuse or harassment.

Provision (b)

During the tour of the facility, the Auditor assessed several payphone for access to the ADOC PREA hotline. Each time the PREA hotline functioned appropriately. The phones are checked once on each shift by an intermediate or higher staff member to make sure they are in working order to reach the PREA hotline without difficulty.

Of the inmates interviewed, all responded they were familiar with the PREA hotline *6611. Each responded they knew some of the information they provided might be given to the facility staff.

The Auditor spoke with a representative from One Place Family Justice Center, 530

Lawrence Street, Montgomery, AL 36104; 334-262-7378, who advised they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. She confirmed the exams are free of charge and are paid through the Alabama Crime Victim Compensation Fund. Further each inmate who has a SANE exam is assigned a Sexual Assault Response Advocate upon arrival, prior to the forensic examination taking place. After the exam, the Sexual Assault Response Advocate stays with the inmate until he is taken back to the facility. Follow-up by Case Management staff is done with the inmate within 72 hours of the visit, unless otherwise requested. Counseling, legal advocacy and support groups are discussed to aid in the healing process.

Provision (c)

The Auditor was provided a copy of a MOU between the ADOC and the Alabama Coalition Against Rape (ACAR) to facilitate services related to implementation of the Prison Rape Elimination Act. The MOU states that ACAR will provide confidential emotional support services related to sexual abuse. ACAR is also required to either maintain or enter into other agreements with community service providers to provide confidential emotional support services related to sexual abuse to inmates within its custody, specifically establishing services that are closest to the respective facilities (FLCBF).

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding inmate access to outside confidential support services. No recommendations or corrective action is required.

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 an inmate? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC webpage links
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - Process Indicators:
 - PI-1 Website Publication Showing DOC PREA Email
 - PI-2 Reporting Forms for I & I

Provision (a)

The ADOC has provided access to a third-party reporting process through their agency website. On the agency website, the individual wishing to report a PREA related incident can access this through the PREA link, located under the ADOC tab. Located below the PREA Director's name is a link, *Request an Investigation*. <http://www.doc.state.al.us/PREA>

This link allows for the initiation of a third-party request.

The ADOC has provided an additional access point for third party reporting through their agency website. On the agency website, the individual wishing to report a PREA related incident can access this through the PREA link, located under the "About ADOC" tab. Located below the PREA Director's name is a link that asks the individual if they would like to email their report, then providing the email address link: DOC.PREA@doc.alabama.gov

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding third party reporting. No

recommendations or corrective action is required.

OFFICIAL RESPONSE FOLLOWING AN INMATE 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 inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

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.

Documentation reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 Mandatory Reporting Law (Alabama Code 26-14-13)
 - P-3 AR 302
 - Process Indicators:
 - PI-1 Incident Reports

Interviews with the following:

- Random Staff
- Specialized Staff
- Medical Staff
- Warden or designee
- PREA Director (PD)
- Institutional PREA Compliance Manager (IPCM)

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, a, specify ADOC employees/staff who receive any information, including verbal, written, third-party reports and anonymous complaints concerning inmate sexual abuse, sexual harassment, and custodial sexual misconduct, retaliation against inmates or staff who

report such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or violation, shall immediately report the incident through their chain of command.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, b, states that any knowledge, suspicion, or information regarding sexual abuse, sexual harassment and custodial sexual misconduct shall be reported.

The ADOC provides all first responders a pocket size spiral booklet entitled “Prison Rape Elimination Act (PREA). A Trauma-Informed Guide for First Responders.” The booklet provides a quick reference guide to all aspects of the PREA process including the responsibility and role of medical staff to preserve evidence and the process of disseminating information, and to whom.

During interviews with staff, 100% were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. All staff indicated PREA related allegations and reports go to the IPCM, who then notifies the investigative staff.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, c, indicates an employee or staff member shall not reveal any information related to a PREA incident to anyone other than to the extent necessary to make investigation, management, and treatment decisions. Initial interviews of potential sexual abuse victims should be limited to only information necessary to protect the victim from immediately harm until an Investigator arrived for a more detailed interview.

The Auditor was able to review a copy of the Informed Consent for Medical Services the inmate signs prior to treatment. The consent document released and gave permission to the medical or mental health care provider the ability to provide pertinent and relevant information to individuals who need to know.

During interviews with the staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each articulated information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, Section H, 1, f, declares medical and mental health practitioners shall ensure all inmates are informed prior to the initiation of the service of the limits of their confidentiality and shall report information

about sexual victimization to the facility IPCM.

The ADOC provides all first responders a pocket size spiral booklet entitled “Prison Rape Elimination Act (PREA). A Trauma-Informed Guide for First Responders.” The booklet provides a quick reference guide to all aspects of the PREA process including the responsibility and role of medical staff to preserve evidence and the process of disseminating information, and to whom.

The Auditor reviewed a copy of the Informed Consent for Medical Services the inmate signs prior to treatment. The consent document released and gave permission to the medical or mental health care provider the ability to provide pertinent and relevant information to individuals who need to know.

During interviews with medical staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, Section H, 1, g, mandates that any allegation of sexual abuse or sexual harassment involving a youthful inmate or a vulnerable adult inmate under a State statute, shall additionally be reported to the Alabama Department of Human Resources.

During interviews with the Warden designee, PREA Director and IPCM, each articulated they were aware of this requirement and would report any abuse allegations to the appropriate agency, as required by law, as well as the IPCM and agency investigators.

Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, b, specifies that any knowledge, suspicion or information regarding sexual abuse or sexual harassment or custodial sexual misconduct shall be reported to the IPCM, PREA Director and the Law Enforcement Services Division (LESD) formerly known as I & I investigator immediately, in accordance with AR302, *Incident Reporting*.

During interviews with the Warden designee, PREA Director and IPCM each confirmed allegations of sexual abuse and sexual harassment are reported to the IPCM and Law Enforcement Services Division (LESD) formerly known as I & I investigators.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding staff and agency reporting duties. No recommendations or corrective action is required.

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 an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 Transfer of Inmate due to Sexual Safety
 - P-2 Housing Placement (Housing Designation Log)

Interviews with the following:

- Agency Head or designee (Assistant Deputy Commissioner)
- Warden or designee
- Random Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section J, 1, indicates inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternative available.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 10, Section K, 3, specifies the IPCM is responsible for recommending placement and/or transfer of inmates involved in reported incidents of sexual abuse and sexual harassment with the approval of the Warden or designee, and taking immediate action when an inmate is subject to a substantial risk of imminent abuse.

The Auditor interviewed the Assistant Deputy Commissioner who indicated that if she received such information, she would contact the facility where the inmate was housed and if necessary, the inmate could be temporarily transferred while the investigation was completed. If the perpetrator were identified, the perpetrator would be placed in disciplinary segregation pending completion of the investigation.

The Auditor interviewed the Warden designee, who stated he would take immediate action to protect the victim (inmate). The victim (inmate) might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim.

During random staff interviews, all staff reported if they received an allegation from an inmate, they would immediately separate the victim and the perpetrator, protect the victim, contact their supervisor, and preserve evidence.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding agency protection duties. No recommendations or corrective action is required.

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 an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC form 454-F, *Reporting to Other Confinement Facilities*
- IPCM Statement of Non-Occurrence
- Center Standard Operating Procedure #454-1
 - Protocols:
P-1 AR 454
 - Process Indicators
PI-1 Reporting to Other Confinement Facilities Form

Interviews with the following:

- Agency Head or designee (Assistant Deputy Commissioner)
- Warden or designee
- PREA Director (PD)
- Institutional PREA Compliance Manager (IPCM)

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, Section H, 1, d, mandates the Warden, upon receiving an allegation that an inmate was sexually abused while confined in another facility, shall notify the lead of the other facility of the alleged abuse as soon as possible, but no later than 72-hours from receiving the allegation. (See ADOC Form 454-F, *Reporting to Other Confinement Facilities*.)

FLCBF reports in the last twelve months they have received zero inmate notifications of sexual abuse or sexual harassment that occurred in other confinement facilities.

The IPCM Statement of Non-Occurrence documents FLCBF received zero inmate notifications of sexual abuse or sexual harassment that occurred in other confinement facilities.

Provision (b)

The 72-hour notification requirements are the same as indicated in Provision (a). FLCBF reports in the last twelve months they have received zero inmate notifications of sexual abuse or sexual harassment that occurred in other confinement facilities.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, Section H, 1, d, indicates the Warden is responsible for notifying the other confinement facility and should do so using ADOC Form 454-F, *Reporting to Other Confinement Facilities*.

FLCBF reports in the last twelve months they have received zero inmate notifications of sexual abuse or sexual harassment that occurred in another confinement facility.

Provision (d)

Interviews with the Assistant Deputy Commissioner, Warden designee, PREA Director and the IPCM all confirm any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or sexual misconduct that occurred within any ADOC facility will be investigated in accordance with the guidelines of ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016.

According to documentation received from FLCBF, in the last twelve months they received zero inmate notifications of sexual abuse or sexual harassment that occurred in another confinement facility. This was confirmed through interviews with the Warden designee and the IPCM.

During the interview with the Assistant Deputy Commissioner, she stated all allegations received are referred to the Director of Investigations, with contact being made with the IPCM and an investigator is assigned to conduct a review.

The Assistant Deputy Commissioner, Warden designee, PREA Director and IPCM all indicated once an allegation of sexual abuse or sexual harassment is received from

another agency, it is immediately assigned to an investigator to conduct the investigation.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding reporting to other confinement agencies. No recommendations or corrective action is required.

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 an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- PREA First Responder Card
- PREA Pocket Guide for First Responders
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - Process Indicators
 - PI-1 First Responder Duty Card
 - PI-2 First Responder Pocket Guide

Interviews with the following:

- First Responders

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, Section G, 1, a-g, states that upon learning of an allegation of a PREA related incident, the first responder shall:

- a. Ensure the victim(s), aggressor(s), and witness(es) are physically separated.
- b. Protect and preserve the crime scene until appropriate steps can be taken to collect evidence
- c. Request the victim not bathe, wash, brush teeth, eat, drink, smoke, urinate or defecate
- d. Ensure the alleged aggressor not bathe, wash, brush teeth, eat, drink, smoke, urinate or defecate
- e. If the first responder staff is not security staff, the responder should request the alleged victim not take any actions that would destroy evidence and notify security staff.
- f. Do not show the alleged victim(s), aggressor(s), or witness(es) any evidence, such as but not limited to, pictures or video footage of the incident, and do not interview any of these parties on the specifics of the

incident.

- g. As soon as possible first responders shall notify the Shift Commander of the incident and draft an *Incident Report*.

All security staff, non-security staff and administrative staff interviewed had a First Responder Duty Card. This card is a pocket size laminated card that provides a step-by-step outline of what staff are required to follow when a PREA incident occurs or is reported. Each card provides bulleted items from the PREA policy mentioned in this provision.

The Auditor was provided a copy of the spiral bound pocket booklet entitled "Prison Rape Elimination Act PREA- A Trauma-Informed Guide for First Responders." This booklet was provided to all staff. The booklet is divided into the following sections:

- Intro to PREA
- Definitions
- PREA Components
- Prevention
- Detection
- Response
- Summary and Resources.

Each section gives the staff an overview of all aspects of PREA related issues and responsibilities and roles of first responders, as well as other staff.

During the past 12-months there was one PREA allegation. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing.

The Auditor's review of the PREA training curriculum all staff, volunteers and contractors received identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a First Responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the investigators, IPCM or shift commander.

During the interview process the Warden designee indicated first responder staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance.

During staff interviews, all staff, were able to articulate to the Auditor, step-by-step how to respond to a PREA incident. All staff, volunteers and contractors were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident to the senior staff member on duty.

During interviews with first responders, all stated they were trained in the PREA process through annual in-service training, on the job training, and staff meetings.

Each verbalized the IPCM is constantly reminding them of PREA policies and speaking with them regarding the importance of PREA and sexual safety.

Non-custody staff who were interviewed, all stated they would notify custody staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until security staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding staff first responder duties. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454

- PREA First Responder Card
- PREA Pocket Guide for First Responders
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 Coordinated Response SOP
 - Process Indicators
 - PI-1 First Responder Duty Card
 - PI-2 First Responder Pocket Guide

Interviews with the following:

- Warden or designee

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, Section G, 1, outlines the responsibilities of a First Responder upon learning of an allegation of a PREA related incident.

The Auditor was provided a copy of the spiral bound pocket booklet entitled “Prison Rape Elimination Act PREA- A Trauma-Informed Guide for First Responders.” This booklet was provided to all staff. The booklet is divided into the following sections:

- Intro to PREA
- Definitions
- PREA Components
- Prevention
- Detection
- Response
- Summary and Resources.

Each section gives the staff an overview of all aspects of PREA related issues and responsibilities and roles of first responders.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 18, Section G, 2, the responsibilities of a Shift Commander upon learning of an allegation of a PREA related incident.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 18, Section G, 3, outlines the responsibilities of Medical and Mental Health care personnel upon learning of an allegation of a PREA related incident.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual*

Abuse and Harassment, dated January 4, 2016, p. 19, Section H, 1, outlines the responsibilities of employees and staff when reporting an allegation of a PREA related incident.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 21, Section H, 2, outlines the steps for inmates to report an allegation of a PREA related incident.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, Section I, 1, outlines the roles and responsibilities of the IPCM and investigators in investigations of inmate-on-inmate sexualabuse and staff-on-inmate sexual abuse and harassment.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, Section I, 2, outlines the roles and responsibilities of the IPCM and investigators in investigations of inmate-on-inmate sexualharassment.

Through the interview process, the Warden designee confirmed the coordinated response has been identified in the policies listed above. He indicated each item breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on the job training. He further verbalized the staff have all been issued PREA First Responder Card and the PREA Pocket Guide for First Responders to keep on their person while at work.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding coordinated response. No recommendations or corrective action is required.

Standard 115.66: Preservation of ability to protect inmates 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Memorandum, *Collective Bargaining and PREA Standard 115.66*, dated 3/19/19
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 Memo from Legal
 - Process Indicators
 - PI-1 Statement of Non-Occurrence

Interviews with the following:

- Administrative (HR) Staff

Provision (a)

ADOC Memorandum, *Collective Bargaining and PREA Standard 115.66*, dated 3/19/19, from the agency Personnel Director states corrections officers and other prison staff employed by the ADOC do not have a labor union. Therefore, the ADOC does not engage in collective bargaining with corrections officers or other facility staff.

Management does have the right to separate the inmate from a staff member who is the subject of an investigation. This separation can either be temporarily reassigning

the employee, redirecting the employee, or restricting the employee from the grounds during the investigation.

Through the interview process, the auditor confirmed FLCBF has not had any PREA related incidents that required alleged staff sexual abusers to not have contact with any inmate pending the outcome of an investigation during the audit period.

Provision (b)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding preservation of ability to protect inmates from contact with abusers. No recommendations or corrective action is required.

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

115.67 (b)

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

115.67 (c)

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

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form 454-D, *Sexual Abuse/Harassment Retaliation Monitoring*
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - Process Indicators
 - PI-1 Retaliation Form
 - PI-2 Transfers of Inmates due to Sexual Safety

Interviews with the following:

- Agency Head or designee (Assistant Deputy Commissioner)
- Warden or designee
- Institutional PREA Compliance Manager (IPCM)

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section K, 1, specifies that retaliation in any form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section K, 2, indicates the Warden and the IPCM shall ensure inmates and staff who report sexual abuse, sexual harassment or cooperate with the sexual abuse investigation are protected from retaliation by other inmates or staff.

The IPCM at FLCBF has been identified as the individual who is primarily responsible for monitoring possible retaliation.

Provision (b)

At the time of the on-site audit, there were zero inmates at FLCBF who had reported sexual harassment that occurred at the facility.

The FLCBF IPCM provided a statement of non-occurrence, dated October 25, 2021, indicating FLCBF did not have any incidents that required inmates to be transferred due to a PREA related incident for sexual safety, during this reporting period.

In the interview with the Warden designee, the Auditor was advised there are multiple measures used to protect inmates and staff from retaliation. These measures include considering and monitoring if the inmate is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section K, 2, a, mandates the Warden and the IPCM shall ensure inmates and staff who report sexual abuse and sexual harassment or cooperate with a sexual abuse investigation are protected from retaliation by other inmates or staff. Moreover, it delegates the primary responsibility to the IPCM for this monitoring; stating the IPCM will monitor the conduct and treatment of inmate(s) or staff for at least 90-days after an incident is reported. The time frame can be extended in thirty-day increments if there is a continuing need.

In the interview with the Warden designee, the Auditor learned that retaliation is not tolerated at FLCBF. The Warden designee as well as the IPCM emphasize to staff and inmates that they are to speak about PREA issues without fear of retaliation. He stressed that if retaliation does occur, those responsible for the retaliation will be investigated and disciplined.

Provision (d)

The IPCM showed the Auditor ADOC Form 454-D, *Sexual Abuse/Harassment Retaliation Monitoring*, which would be used to track retaliation if it occurred. This three-page form is divided into thirteen weeks with each week having dedicated space for the date, steps taken to ensure retaliation was not happening and comments by the monitoring staff member. At the end of the form is a space for the findings of the retaliation monitoring, i.e., monitoring complete – no retaliation found; monitoring complete, retaliation addressed and resolved; continue monitoring for thirty days. The very bottom of the form has a space for the signature of the IPCM monitoring the retaliation and the date.

Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section K, 2, d, directs that all appropriate measures shall be taken to protect any individual who cooperates with an investigation and expresses fear of retaliation.

Provision (f)

Auditor is not required to audit this provision

Conclusion:

Considering the fact, the IPCM meets with the inmate weekly for ninety days during the retaliation monitoring period, the Auditor has determined the agency/facility exceeds the standard regarding agency protection against retaliation. No recommendations or corrective action is required.

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 an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form 454-H, *Prison Rape Elimination Act (PREA) Post-Allegation Protective Custody*, dated January 4, 2016
- Standard Operating Procedure #454-1

- Protocols:
 - P-1 AR 454
- Process Indicators
 - PI-1 Housing Designation Spreadsheet
 - PI-2 Post Allegation Protective Custody Form
 - PI-3 Restricted Housing Log/Holding Cell/Crisis Cell

Observations during on-site review

Interviews with the following:

- Warden or designee
- Classification Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section J, 1, specifies inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available. (See ADOC Form 454-H, *PREA Post Allegation Protective Custody*)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section J, 2, indicates in cases where segregated housing is the only means to protect such an inmate, the inmate shall have access to all programs, privileges, education, and work opportunities, to the extent possible, and it shall only be until an alternative means of separation from likely abusers can be arranged, a time not ordinarily to exceed thirty (30) days. Furthermore, in these cases the facility shall clearly document:

- a. The basis for the facility's concern for the inmate's safety
- b. The reason why no alternative means of separation can be arranged.

Through the interview process the IPCM confirmed FLCBF does not have a segregation unit in their facility.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets not the standard regarding post allegation protective custody. No recommendations or corrective action is required.

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 an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Standard Operating Procedure Investigations & Intelligence #454
- Alabama Department of Corrections form #454-C
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR #454
 - P-2 AR #300
 - Process Indicators:
 - PI-1 Investigative Outcomes/Disposition
 - PI-2 Investigative Review Team Meeting Minutes
 - PI-3 Notification to Inmate

Interviews with the following:

- Inmate who reported sexual abuse
- Investigative Staff
- Warden or designee
- PREA Director (PD)
- PREA Compliance Manager (IPCM)

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, and the ADOC Standard Operating Procedure I & I #454, Investigation, and Intelligence Division, PREA Sexual Assault Investigations, dated July 16, 2015, require the Department to investigate all allegations of sexual misconduct involving inmates thoroughly, promptly, and objectively under the jurisdiction or authority of the Department. When I & I investigates allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations including third party and anonymous reports.

The auditor reviewed documentation confirming the investigators completed the specialized investigative training from the National Institute of Corrections. I & I completes all administrative and criminal investigations. Law Enforcement Services

Division (LESD) formerly known as I & I refers all substantiated criminal cases to the local district attorney office and are available, as requested, to collaborate with those authorities to support criminal prosecution of those cases.

During the interview with the investigator from Law Enforcement Services Division (LESD) formerly known as I & I, he indicated investigations begin immediately following notification from FLCBF. He reported the same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, third party, mail or anonymously.

During the past 12-months there was one PREA allegation. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing.

Provision (b)

ADOC Standard Operating Procedure I & I #454, Investigation, and Intelligence Division, PREA Sexual Assault Investigations, dated July 16, 2015, p. 2, III, C, requires all investigators used by the ADOC to receive special training in sexual abuse investigation pursuant to 115.34 of the Prison Rape Elimination Act.

Law Enforcement Services Division (LESD) formerly known as I & I receive additional training including interviewing techniques for sexual abuse victims, conducting sexual abuse investigations in a confinement setting, investigation and evidence collection for inmate sexual offenses, sexual harassment, and custodial sexual misconduct. This training is documented and was verified by the Auditor through employee signatures on sign in sheets as well as certificates of completion.

During the interview with investigative staff, it was confirmed he had attended these training sessions. The Auditor reviewed the investigator training records and verified his attendance and participation in all mandated training.

Provision (c)

In ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated July 16, 2015, p. 2, III, it states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Furthermore, it states investigators shall interview alleged victims, suspected perpetrators, and witness in person, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During the interview, the investigator indicated all his investigations follow the same investigative format. He stated he interviews the victim first, then any witnesses, leaving the perpetrator for last. He stated it varies slightly if it is an alleged sexual harassment rather than an alleged sexual assault or sexual abuse. If it is an alleged

sexual assault or sexual abuse incident, he will go to One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-7378, where the victim is being seen. Except in the cases where the SAFE/SANE team collects the evidence, the investigator indicated he collects and secures all evidence. He was trained in evidence collection through the agency's investigator training and NIC training. The Auditor reviewed training records, which confirmed this training.

Provision (d)

ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated July 16, 2015, p. 3, F, 1, i, states when the quality of evidence supports criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews could be an obstacle for subsequent criminal prosecution.

During interviews, the investigator reported when it appears a crime may have been committed; all questions immediately stop. The perpetrator is immediately read their Miranda rights and the case, including all evidence, is turned over to the office of the district attorney. At this point, the Law Enforcement Services Division (LESD) formerly known as I & I will only conduct compelled interviews after consultation with prosecutors, and a definite determination is made such interviews will not be an obstacle for subsequent criminal prosecution.

A printout from Securus Tech confirmed there were no calls made by FLCBF inmates to the PREA hotline to report instances of sexual abuse or sexual harassment.

Provision (e)

ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated July 16, 2015, p. 2, E, is noticeably clear the credibility of the alleged victim, suspect and witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. I & I shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling or verification device as a condition of proceeding with the investigation of any allegation.

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. He stated everyone is treated as credible and truthful unless the investigation proves otherwise. He confirmed a polygraph is not used in the investigative process of PREA cases.

Provision (f)

ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated July 16, 2015, p. 3, F, 2 & 3, state administrative investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse; and shall be documented in written investigative reports that include a description of the physical and testimonial

evidence, the reasoning behind credibility assessments and investigative facts and findings.

During the interview, the investigator reported in administrative investigations he follows the evidence as the investigation unfolds. In following the evidence, he attempts to determine if staff actions or failure to act contributed to the allegation. He summarizes all findings in his report.

During the past 12-months there was one PREA allegation. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing.

Provision (g)

ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated July 16, 2015, p. 3, G, states that criminal investigations shall be documented in a written investigative report that contains a thorough description of physical, testimonial, and documentary evidence with attached copies of all documentary evidence where feasible.

When asked about handling criminal investigations, the investigator reported he thoroughly documents all steps of the process, including investigative steps, interviews, facts, and findings.

In the past twelve months there have been zero criminal investigations.

Provision (h)

During the past 12 months there have been zero criminal cases referred for prosecution.

During the interview, the investigator said when it seems a crime has been committed the case is referred to the district attorney. The district attorney then decides if it is prosecutable. If so, the case is criminally investigated. Upon the conclusion of the criminal investigation, the case is presented for prosecution.

Provision (i)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 24, L, 1, e, states criminal and administrative investigation records shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Through the interview process the Warden designee, IPCM and PD confirmed this policy is accurate and is enforced.

Provision (j)

ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated July 16, 2015, p. 3, J, is states that the departure of the alleged abuser or victim from the employment of the facility or agency, shall not provide a basis for terminating an investigation.

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

Provision (k)

Auditor not required to audit this provision.

Provision (l)

While the ADOC manages all aspects of their investigations, ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated July 16, 2015, p. 3, L. indicates that if an outside agency were to investigate an allegation of sexual abuse within one of its facilities, the facility shall cooperate with the outside investigators. Outside agency involvement is only authorized by and coordinated through the I & I Director and the ADOC Commissioner.

The Warden designee and the PREA Director both reported they had never known of an outside agency investigating, but if it did occur, they would remain in the loop through the Law Enforcement Services Division (LESD) formerly known as I & I. The IPCM reported he had never had to monitor a case being investigated by an outside agency. He stated if he were to be put in that position, he would take direction from the PREA Director and the Warden.

The investigator reported he could not think of a possible situation where an external agency would conduct a sexual abuse investigation inside of an ADOC facility. He stated the ADOC is set up in such a manner that it oversees all its own administrative and criminal investigations.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard regarding criminal and administrative agency investigations. No recommendation or corrective action is required.

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #300
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 AR 300
 - Process Indicators
 - PI-1 Refer to I & I

Observations during on-site review

Interview with the following:

- Investigative Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, Section I, specifies the standard of proof in all investigations of sexual abuse and harassment is a preponderance of the evidence.

ADOC Administrative Regulation #300, Investigations, and Intelligence Division, dated April 18, 2016, p. 5, declares the I & I Division shall distribute all investigative reports as follows:

- Commissioner or designee

- Inspector General
- Deputy/Associate Commissioners, Institutional Coordinators, Institutional Wardens, as appropriate
- District Attorney of county having jurisdiction if incident involved criminal conduct
- ADOC official that requested the investigation
- Investigations that involve central office personnel will be distributed only to the Commissioner of Corrections.

Through the investigative process the Auditor learned, all available evidence is collected (physical, from the victim, from the perpetrator, from the scene, interviews, etc.) and submitted to both facility administration and the District Attorney's Office for their review and consideration.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding evidentiary standard for administrative investigations. No recommendations or corrective action is required.

Standard 115.73: Reporting to inmates

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 an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed

Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- ADOC Administrative Regulation #454
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - Process Indicators
 - PI-1 Investigative Outcome/Disposition
 - PI-2 Notification to Inmate (Must have Signature)
 - PI-3 Investigative Review Team Meeting

Interview with the following:

- Warden or designee
- Investigative Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, Section H, 2, f, specifies following the I & I investigation into an inmate’s allegation that he or she suffered from sexual abuse, the I & I Division shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Through the interview process, the Auditor was instructed the final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation Law Enforcement Services Division (LESD) formerly known as I & I submits a close out letter to the victim and the perpetrator, advising each of the conclusion of the investigation and the findings. The Warden designee echoed the response of the investigative staff.

Information received related that during the past twelve months there has been one administrative case and zero criminal cases.

FLCBF provided documentation confirming in the preceding twelve months there was one PREA allegation. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing.

Provision (b)

N/A

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual*

Abuse and Harassment, dated January 4, 2016, p. 7, Section C, 6, indicates the I & I Director shall be responsible for informing an inmate of the following information when an inmate alleges that an employee/staff member committed sexual abuse against the inmate:

1. The employee/staff is no longer with the ADOC
2. The employee/staff is no longer at the institution
3. The employee/staff has been indicted on a charge related to the sexual abuse
4. The employee/staff has been convicted on a charge related to the sexual abuse.
5. All Notifications shall be documented

During the past 12-months there was one PREA allegation. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing.

Provision (d)

There was one PREA allegations at FLCBF in the past 12-months. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing. Therefore, the victim was not notified of any arrest or conviction of the abuser.

Provision (e)

During the past 12-months there was one PREA allegation. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing.

Provision (f)

The Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, and the corrective action taken by the facility, the Auditor has determined the agency/facility does meet the standard regarding reporting to inmates.

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #208, Personnel, dated 08/17/05, *Employee Standards of Conduct and Discipline*
- ADOC memorandum, PREA Compliance Standard 115.76, *Disciplinary Sanctions for Staff*
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 AR 208
 - Process Indicators
 - PI-1 Disciplinary Sanctions for Sexual Misconduct
 - PI-2 Refer to HR and I & I for Letter of Dismissal

Interviews with the following

- Warden or designee
- Institutional PREA Compliance Manager

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, Section V, 4, a, indicates that if an employee has engaged in the following conduct:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutions
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
3. Has been civilly or administratively adjudicated to have engaged in activity described above

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, Section V, 4, d states employees shall be subject to disciplinary sanctions up to and including termination for violation of the agency's sexual abuse or sexual harassment policies.

Provision (b)

ADOC Administrative Regulation #208, August 17, 2005, *Employee Standards of Conduct and Discipline* provides a detailed description of the standards of conduct and discipline, and the responsibilities, policies and procedures concerning employee

behavior and workperformance. It also provides a table of disciplinary sanctions as a guide to implement disciplinary action when necessary.

Additionally, ADOC Administrative Regulation #208, August 17, 2005, *Employee Standards of Conduct and Discipline* includes numerous sample documents relating to personnel matters, such as Notice of Pre-Dismissal Conference, Summary of Pre-Dismissal Conference, Resignation from Employment, as well as a disciplinary matrix ranging from verbal counseling to dismissal.

During interviews with both the Warden designee and IPCM, it was confirmed during the previous twelve months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Provision (c)

ADOC Administrative Regulation #208, August 17, 2005, *Employee Standards of Conduct and Discipline* indicates disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstance of the acts committed, the staff members disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

Through the interview process, the Auditor was able to confirm during the previous twelve months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Provision (d)

ADOC Administrative Regulation #208, August 17, 2005, *Employee Standards of Conduct and Discipline* mandates that all terminations for violations of ADOC's sexual abuse and sexual harassment policies or resignations by staff who would have been terminated for sexual abuse or sexual harassment, if not for their resignation, shall be reported to local prosecutors, unless the activity was clearly not criminal in conformance with Alabama law. ADOC shall also report the staff member to any relevant licensing bodies.

The Warden designee and IPCM both confirmed during the previous twelve months there had been zero terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding disciplinary sanctions for

staff.No recommendations or corrective action is required.

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 inmates?
 Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?
 Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #216, Personnel, dated December 7, 2015
- ADOC memorandum, PREA Compliance Standard 115.77, *Corrective Action for Contractors and Volunteers*

- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 AR 216
 - Process Indicators
 - PI-1 Training Records for Contractors
 - PI-2 Training Records for Volunteers
 - PI-3 Statement of Non-Occurrence
 - PI-4 Refer to I & I and HR Dismissal Letter

Interview with the following

- Warden or designee
- Institutional PREA Compliance Manager (IPCM)

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, Section V, 4, b, 4, indicates that before hiring a new employee or contractor, the ADOC Personnel Division or designee shall apprise potential employees and contractors that false information or omissions regarding the following misconduct shall be grounds for termination:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutions
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
3. Has been civilly or administratively adjudicated to have engaged in activity described above

Moreover, each new employee or contractor must be apprised of their continuing duty to disclose such conduct.

Provision (b)

During an interview with the Warden designee, he disclosed that when an issue is brought to his attention, he immediately refers the matter to the Law Enforcement Services Division formerly known as the Investigation & Intelligence (I & I) Division for their follow-up. During this time, the contractor and volunteer are not allowed access to the facility pending investigation and review of the matter.

The IPCM confirmed during the preceding twelve months there were zero PREA allegations related to volunteers or contractors.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding corrective action for contractors and volunteers. No recommendations or corrective action is required.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, 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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #403
- IPCM Statement of Non-Occurrence, *Interventions and Disciplinary Sanctions for Inmates*, dated October 26, 2021
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 Inmate Handbook
 - Process Indicators
 - PI-1 Inmate Disciplinary Report
 - PI-2 Referral to Mental Health
 - PI-3 Inmate Disciplinary Hearing Report

Interview with the following

- Warden or designee
- Medical Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, indicates that inmates shall be subject to disciplinary sanctions following a formal disciplinary process to findings that the inmate engaged in inmate-on-inmate sexual abuse to following a criminal finding of guilt for an inmate-on-inmate sexual abuse.

Additional information received provided an overview of the administrative and criminal cases, including status. During the past 12-months there was one administrative and zero criminal cases. At the time of the on-site audit, the investigation was ongoing.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, H, 2, e, states that each case shall be carefully evaluated on its merit, considering evidence and circumstances and whether there is any possibility that the alleged incident could have occurred.

During the interview with the Warden designee, disciplinary sanctions were discussed. The Warden designee indicated inmate discipline is based on level of the violation and penalties are imposed comparable to other inmate's penalties.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, H, 2, e, states that each case shall be carefully evaluated on its merit, considering evidence and circumstances and whether there is any possibility that the alleged incident could have occurred.

During the interview with the Warden designee, disciplinary sanctions were discussed. The Warden designee indicated if the inmate has a mental history, mental health staff will be involved to assist in determining appropriate sanctions.

Provision (d)

During interviews with medical staff, the Auditor was informed that medical staff can make recommendations for referrals for inmates for therapy, counseling, or other interventions to address underlying issues related to abuse. The inmate's issues would be addressed during regular counseling sessions or group counseling sessions. Participation in interventions is not a condition for access to other programming or benefits.

Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, H, 2, e, states that each case shall be carefully evaluated on its merit, considering evidence and circumstances and whether there is any possibility that the alleged incident could have occurred.

Provision (f)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, H, 2, c, specifies an inmate reporting sexual abuse or sexual harassment, shall not be issued a disciplinary report for lying based solely on the fact their allegations were determined to be unfounded or that the inmate later decides to withdraw his allegation.

Provision (g)

ADOC Rules Violation Definitions and Examples, associated with RV#912 Sexual Offenses (non-Forcible) / Soliciting is defined as the commission of any sexual act during which both participants act willingly, to include touching, hugging, fondling, kissing, etc. The agency prohibits all sexual activity between inmates.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding disciplinary sanctions for inmates. No recommendations or corrective action is required.

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? (N/A if the facility is not a prison.) Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that

the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form 454-C, *PREA Risk Factors Checklist*
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - Process Indicators
 - PI-1 Risk Assessment Checklist
 - PI-2 Mental Health Referral
 - PI-3 Medical Referral
 - PI-4 Classification Spreadsheet

Observations during on-site review

Interview with the following

- Medical Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 15, F specifies if an inmate has a high risk to be victimized or screens as sexually aggressive a mental health professional shall meet with the inmate and review their screening information. If the screening indicates the inmate has prior sexual victimization or sexual aggression in their history, the mental health professional shall offer a follow-up meeting with mental health within 14-days of the intake screening.

The Auditor interviewed intake staff. It was confirmed inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake, if the intake screening indicates the inmate is at high risk for possible victimization, aggressiveness or has a history of victimization.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 6 indicates within a set time period, not to exceed thirty (30) days from the inmate's arrival, the inmate shall be re-assessed for risk of victimization or abusiveness using the risk screening assessment and any additional, relevant information received since the intake screening. An inmate's risk level is to also be re-assessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

During the document review there were fifty inmate records, chosen randomly from the master roster, with varying arrival dates. Each of them were reviewed.

Each of the inmate records reviewed had a signed and dated documentation of PREA education was retained in every file with the rest of the inmate information. The date of the signature coincided with the date the inmate arrived at the facility. In addition to the orientation packet, all inmates coming through watched the seventeen-minute ADOC PREA video, which is produced in both English and Spanish. All fifty-one inmate records reviewed had documentation of being screened within 72-hours of arriving, received 30-day comprehensive PREA education and were re-assessed within 30-days as required by standard.

Provision (c)

Staff who conduct the intake screenings confirmed inmates are offered a follow-up

meeting with a mental health professional, within 14-days of intake, if the intake screening indicates the inmate is at high risk for possible victimization, aggressiveness or has a history of victimization.

Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 9, denotes that all information obtained during the intake screening process and *PREA Mental Health Assessment* shall be used to make individualize and safety based determinations and assist in the initial classification and institutional assignment of the inmate as well as determine work, education and programs, in accordance with ADOC Classification Manual, AR433 and AR435, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Intake staff confirmed all medical and mental health records are contained in a separate and secure database. The database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to-know basis.

Provision (e)

The IPCM provided a Statement of Non-Occurrence confirming there had not been any inmates referred for medical treatment due to a prior act of sexual victimization during this audit period.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding medical and mental health screenings, history of sexual abuse. No recommendations or corrective action is required.

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 inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

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

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form MH-008, *Referral to Mental Health*.
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 MOU with ACAR
 - Process Indicators
 - PI-1 Refer to SANE Centers/Rape Crisis Centers/ER for Verification of Visit
 - PI-2 Incident Reports

Interview with the following

- Medical Staff
- First Responders

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 18, F, 3, a, specifies that victims of sexual abuse at the facility shall be referred immediately to medical. Victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The IPCM shall also refer an inmate victim immediately to an ADOC Mental Health professional for further treatment and counseling. A referral shall be made utilizing ADOC Form MH-008, *Referral to Mental Health*.

A Memorandum of Understanding (MOU) has been entered into between the ADOC and the Alabama Coalition Against Rape (ACAR) for the purpose of facilitating services related to implementation of Prison Rape Elimination Act (PREA). ACAR is a community service provider who is being contracted to provide confidential emotional support services related to sexual abuse to inmates within the ADOC custody.

All forensic medical exams and SAFE/SANE (Sexual Assault Nurse/Examiner) personnel are located at One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-7378. In the unlikely event a SAFE/SANE practitioner is not on shift, one is always on call 24/7 and will report immediately to conduct the rape kit examination, provide results of the exam to ADOC, as well as other issues relative to the SART (Sexual Assault Response Team) exam.

Through the interview process the Auditor learned medical treatment is provided immediately and is based on their professional judgment. Medical and mental health work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

FLCBF IPCM confirmed one inmate was transported for SANE examinations in the past 12-months.

At the time of the on-site portion of the audit there were zero inmates assigned to FLCBF who had reported sexual abuse.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, b, dictates that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Interviews with first responders revealed notification is made via the telephone to the medical staff who are on duty when they are informed of an incident of sexual abuse. If a forensic examination is appropriate, the inmate is then transferred to One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-7378, for a SART exam by a SAFE/SANE practitioner.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 18, G, 3, mandates that inmate victims of sexual abuse or sexual harassment while incarcerated be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate.

As previously cited in Provision (a) medical and mental health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 18, G, 3, c, declares treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding access to emergency medical and mental health services. No recommendations or corrective action is required.

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 inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- IPCM Statements of Non-Occurrence (Ongoing Treatment)
- ADOC Form MH-008, *Referral to Mental Health*
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 MOU with ACAR
 - Process Indicators
 - PI-1 Refer to SANE Centers/Rape Crisis Centers/ERfor Medical Information
 - PI-2 Incident Reports
 - PI-3 Referral for on-going treatment (Must have inmate signature)

Interview with the following

- Medical Staff
- PREA Compliance Manager (IPCM)

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, d, specifies that inmates shall receive medical and mental health evaluations and treatment shall be offered to all inmates who have been victimized by sexual abuse.

A Memorandum of Understanding (MOU) has been entered into between the ADOC and the Alabama Coalition Against Rape (ACAR) for the purpose of facilitating services related to implementation of Prison Rape Elimination Act (PREA). ACAR is a community service provider who is being contracted to provide confidential emotional

support services related to sexual abuse to inmates within the ADOC custody.

All forensic medical exams and SAFE/SANE (Sexual Assault Nurse/Examiner) personnel are located at One Place Family Justice Center, 530 Lawrence Street, Montgomery, AL 36104; 334-262-7378. SAFE/SANE practitioners are on staff. In the unlikely event a SAFE/SANE practitioner is not on shift, one is always on call 24/7 and will report to the hospital to conduct the rape kit examination, provide results of the exam to ADOC, as well as other issues relative to the SART (Sexual Assault Response Team) exam.

The Auditor reviewed records produced by the facility documenting the community standard of care, the evidence of Sexually Transmitted Infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

Medical staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, e, dictates that the evaluation and treatment of such victims shall 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 upon their release from custody.

Provision (c)

Interviews with medical staff support compliance in evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff reflects an active understanding of the importance of appropriate evaluation, follow up, treatment planning and service referral.

Documentation and records review supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on the evaluations conducted by medical and mental health staff and their follow up appointments with inmates. Follow-up consisted of routine inmate visits with medical and mental health staff.

Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, mandates that inmate

victims of sexual abuse or sexual harassment while incarcerated be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate.

IPCM stated one inmate was referred for a SART examination by SAFE/SANE practitioners in the previous twelve months.

Provision (e)

Interviews with medical and mental health practitioners indicated female inmate victims are provided pregnancy related medical services. FLCBF is an all-male facility.

FLCBF IPCM indicated one inmate was referred for SART examinations by SAFE/SANE practitioners in the previous twelve months.

Provision (f)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, mandates that inmate victims of sexual abuse or sexual harassment while incarcerated be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate.

IPCM stated there had been one inmate referred for SART examinations by SAFE/SANE practitioners in the previous twelve months.

Provision (g)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, e, mandates that all ongoing treatment services shall be 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.

Provision (h)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, g, states an attempt shall be made to conduct a mental health evaluation of known Inmate-on-Inmate abusers within sixty (60) days of learning of such abuse history and offer treatment. All referrals for mental health shall be made using ADOC Form MH-008, *Referral to Mental Health*.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding ongoing medical and mental health care for sexual abuse victims. No recommendations or corrective

action is required.

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form 454-E, *Sexual Abuse Incident Review*
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - Process Indicators
 - PI-1 Sexual Assault Incident Review
 - PI-2 Investigation Spreadsheet

Interviews with the following:

- Warden or designee
- Institutional PREA Compliance Manager (IPCM)
- Incident Review Team (IRT)

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, H, 1, k, indicates that a review team, including upper-level management officials, with input from line supervisors,

investigators, and medical and mental health practitioners, shall conduct an incident review within thirty days of the conclusion of every investigation of substantiated and unsubstantiated allegations of sexual abuse or staff-on-inmate sexual harassment.

During the past 12-months there was one PREA allegation. The allegation was an inmate-on-inmate sexual abuse. At the time of the on-site audit, the investigation was ongoing.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, H, 1, k, indicates that a review team, including upper-level management officials, with input from line supervisors, investigators and medical and mental health practitioners, shall conduct an incident review within thirty days of the conclusion of every investigation of substantiated and unsubstantiated allegations of sexual abuse or staff-on-inmate sexual harassment.

Since the sexual abuse investigation was ongoing, a sexual abuse incident review was not necessary yet.

See Provision (a) for the details of the Sexual Abuse Incident Reviews.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, H, 1, k, indicates that a review team, including upper-level management officials, with input from line supervisors, investigators and medical and mental health practitioners, shall conduct an incident review within thirty days of the conclusion of every investigation of substantiated and unsubstantiated allegations of sexual abuse or staff-on-inmate sexual harassment.

The multidisciplinary IRT consists of intermediate or higher-level facility managers, supervisors, investigators, as well as medical and mental health practitioners.

In the interview with the Warden designee, he confirmed his understanding of the composition of the review team and his willingness to consider and incorporated recommendations from team members.

See Provision (a) for the details of the Sexual Abuse Incident Reviews.

Provision (d)

The Warden designee, IPCM, as well as other members of the Incident Review Team were interviewed. Each team member reported the team considers the following criteria:

1. Consider whether the allegation or investigation indicates a need to change policy or practice
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTQI identification, gang affiliation, or were motivated by group dynamics at FLCBF
3. Examination of area where incident occurred to assess need for enhancements
4. Assess the adequacy of staffing levels in the area during the different shifts
5. Review of the personnel file of any involved employees (backgroundscreening, training, etc.)
6. Assess whether additional monitoring technology should be employed, enhanced, etc.
7. Prepare a report of findings for submission to Monitor, DOJ, PREA Director and IPCM.

See Provision (a) for the details of the Sexual Abuse Incident Reviews.

Provision (e)

Conversations, formal and informal, were held with the Warden designee, IPCM, as well as other members of the Incident Review Team. Each team member reported the team would make recommendations for corrections or improvements for shortcomings discovered during the incident review process.

Conclusion:

Based upon the review and analysis of all the available evidence, and the corrective action taken by the facility, the Auditor has determined the agency/facility does meet the standard regarding sexual abuse incident reviews.

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 inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- 2020 Survey of Sexual Victimization (Form SSV-2)
- Work Standard Operating Procedure #454-1
 - Protocols:
P-1 AR 454
 - Process Indicators
PI-1 2020 US DOJ Form SSV-IJ Survey of Sexual Violence

Interview with the following

- PREA Director (PD)

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 24, L, 1, dictates that the data collection requirement include:

1. The procedure for data maintenance and collection for every allegation of sexual abuse and harassment
2. The sources for data collection including the data required by the US DOJ, which includes inmate polling, documentation of announced and unannounced rounds, grievances, reports, investigation files and incident reviews
3. The instruments used to collect data:
4. The standardized definitions used
5. The methodology employed to analyze data
6. The quality control mechanisms to verify data accuracy

Provision (b)

The ADOC aggregates all its data submitting all required items according to the US Department of Justice SSV-2 (Survey of Sexual Victimization) and submits all information annually to the US department of Justice.

The Auditor reviewed the submitted SSV-2 for 2020.

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 24, L, 1, dictates that the data collection requirement include:

1. The procedure for data maintenance and collection for every allegation of sexual abuse and harassment
2. The sources for data collection including the data required by the US DOJ, which includes inmate polling, documentation of announced and unannounced rounds, grievances, reports, investigation files and incident reviews
3. The instruments used to collect data:
4. The standardized definitions used

5. The methodology employed to analyze data
6. The quality control mechanisms to verify data accuracy

PREA policy dictates 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. The Auditor was provided a copy of the 2020 annual report, which addressed all questions, as required.

Provision (d)

PREA policy mandate the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The Auditor was provided a copy of the 2020 annual report, which contained relevant areas of concern and noted corrective action items.

Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 7, Section D, states the ADOC general Counsel shall be responsible for ensuring that contracts for confinement of inmates include a provision indicating to the contracting entity its obligation to comply with the PREA standards and the ADOC's monitoring of such compliance.

During the interview process, the PREA Director confirmed all contracts to hold ADOC inmates, without exception, have the PREA requirement as part of the agreement. Likewise, the ADOC obtains incident-based and aggregated data from each facility. Currently the ADOC has one contract to house ADOC inmates. That contract is with GEO Reentry.

ADOC Contract CD170051713 with GEO Reentry, 3.39 Prison Rape Elimination Act, states, "Vendor (GEO) shall comply with Alabama Code Section 14-11-31, as well as 28 C.F.R. Part 115, the Prison Rape Elimination Act ("PREA"). The ADOC has a Zero Tolerance Policy toward all forms of custodial sexual misconduct, sexual abuse, and sexual harassment. See Administrative Regulation 454, *Inmate Sexual Assault and Harassment Awareness* (Prison Rape Elimination Act (PREA)). Any type of conduct – including suspected conduct – that falls within the context of custodial sexual misconduct/sexual abuse, as defined by either the State or Federal laws referenced above, shall be reported immediately to the Warden of Kilby Correctional Facility or his/her designee for conduct involving male Inmates, or the Warden of Tutwiler Correctional Facility or his/her designee for conduct involving female Inmates, as well as the ADOC's PREA Director or designated PREA Contract Monitor. Pursuant to 28 C.F.R. Part 115.12, Vendor is obligated to adopt and comply with all PREA standards and the ADOC shall monitor Vendor for compliance consistent with the compliance conditions set forth above. Vendor shall provide reasonable access to the PREA Contract Monitor; provide relevant documentation as requested; require and provide training of all of its employees, agents, or contractors; and provide a Report from any PREA audit, which shall be performed by an independent, DOJ certified

auditor.”

Provision (f)

The ADOC aggregates all its data submitting all required items according to the US Department of Justice SSV-02 (Survey of Sexual Victimization) and submits all information on June 30 from the previous calendar year to the US Department of Justice.

The Auditor reviewed the submitted SSV-2 for 2020, which reflected completion of all data fields within the required timeline.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding data collection. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- 2020 Survey of Sexual Victimization (Form SSV-2)
- Standard Operating Procedure #454-1
 - Protocols:
P-1 AR 454
 - Process Indicators
PI-1 2020 US DOJ Form SSV-IJ Survey of Sexual Violence
PI-2 2020 Annual Data Report
PI-3 Website Address for ADOC

Interview with the following

- PREA Director (PD)
- Warden or designee
- Institutional PREA Compliance Manager (IPCM)

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 24, L, 1, c, indicates the PREA Director shall review data collected to assess and improve the effectiveness of appropriate ADOC policies and procedures. The PREA Director shall prepare a report

on each institution for the Commissioner identifying problem areas, suggesting corrective action, and providing comparison from the previous year's data reports.

During an interview with the PREA Director, the Auditor was advised that the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The PREA Director explained the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Provision (b)

The Auditor reviewed the annual report from 2020 and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse.

Provision (c)

As required by standard, the ADOC places all annual reports on its website, accessible for public view <http://doc.state.al.us/PREA> allows access to the ADOC PREA webpage, which contains the most recent report.

Provision (d)

The PREA Director indicated the agency reviews data collected pursuant to 115.87 while only redacting personal identifying information. All other information is included in the annual report.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding data review for corrective action. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- Frank Lee Community-Based Facility (FLCBF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #027
- Alabama Department of Corrections publicly accessible website
 - a. <http://www.doc.state.al.us/PREA>
- Standard Operating Procedure #454-1
 - Protocols:
 - P-1 AR 454
 - P-2 AR 027
 - Process Indicators
 - PI-1 2020 US DOJ Form SSV-IJ Survey of Sexual Violence
 - PI-2 Website Address for ADOC

Interview with the following

- PREA Director (PD)

Provision (a)

During an interview with the PREA Director, the Auditor was advised there are multiple locations where the ADOC retains data. At the local level, data is retained within a local RiskManagement System and access to the system is limited to those staff with a need to know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the ADOC website for public access.

Provision (b)

The ADOC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at <http://www.doc.state.al.us/PREA>

Provision (c)

During an interview with the PREA Director, the Auditor was made aware the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information. The agency report reviewed by the Auditor met PREA compliance standards.

Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 26, L, 1, d & e, indicates data shall be retained securely for ten years and criminal and administrative investigation records shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding data storage, publication, and destruction. No recommendations or corrective action is required.

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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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.

Documentation Reviewed:

- Alabama Department of Corrections publicly accessible website
a. <http://www.doc.state.al.us/PREA>

Interview with the following

- Agency Head or designee (Assistant Deputy Commissioner)
- PREA Director (PD)

Provision (a)

During an interview with the Assistant Deputy Director, the Auditor was advised each facility within the ADOC had been audited within the previous three-year audit cycle. Copies of all audit reports are on the ADOC website for public information and review. ADOC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at <http://www.doc.state.al.us/PREA>

Provision (b)

During an interview with the PREA Director, the Auditor was advised the audit for FLCBF was in the third year of the new three-year audit cycle.

ADOC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at <http://www.doc.state.al.us/PREA>

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit, the IPCM was available to accompany the auditor to and give her complete access to any part of the facility she requested to see.

Provision (i)

At all times throughout the audit process, ADOC and FLCBF provided the Auditor with all requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

The Auditor was provided a secure, private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

During twenty-nine inmate interviews, all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding frequency and scope of audits. No recommendations or corrective action is required.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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.

Documentation Reviewed:

- Alabama Department of Corrections publicly accessible website
 - <http://www.doc.state.al.us/PREA>

Provision (a)

N/A

Provision (b)

N/A

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

ADOC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Previous PREA reports, for all facilities can be accessed at <http://www.doc.state.al.us/PREA>

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding audit contents and findings. No recommendations or corrective action is required.

AUDITOR CERTIFICATION

I certify that:

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

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.

Darla P. O'Connor

March 10, 2022

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.