

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

Interim       Final

**Date of Report**    November 16, 2018

### Auditor Information

|   |  |
|---|--|
| Name;    Debra Dawson                               | Email;<br>dddawsonprofessionalaudits@gmail.com |
| Company Name;    3D PREA Auditing & Consulting, LLC |  |
| Mailing Address;    P.O. Box 5825                   | City, State, Zip;    Greenwood, FL 32443       |
| Telephone;    850-209-4878                          | Date of Facility Visit;    June 28 - 29, 2018  |

### Agency Information

|   |  |   |   |
|---|--|---|---|
| Name of Agency;                           | Governing Authority or Parent Agency <i>(If Applicable)</i> ;  |   |   |
| Alabama Department of Corrections         |  |   |   |
| Physical Address;    301 South Ripley St. | City, State, Zip;    Montgomery, Alabama 36130   |   |   |
| Mailing Address;    P.O. Box 301501       | City, State, Zip;    Montgomery, Alabama 36130   |   |   |
| Telephone;    334-353-3883                | Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes (Internal PREA Audits) <input type="checkbox"/> No |   |   |
| The Agency Is;                            | <input type="checkbox"/> Military  | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal        | <input type="checkbox"/> County  | <input checked="" type="checkbox"/> State   | <input type="checkbox"/> Federal                |

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

Agency Website with PREA Information;    [www.adoc.alabama.gov](http://www.adoc.alabama.gov)

### Agency Chief Executive Officer

|  |                            |
|--|----------------------------|
| Name;    Jefferson S. Dunn               | Title;    Commissioner     |
| Email;    Jefferson.dunn@doc.alabama.gov | Telephone;    334-353-3870 |

### Agency-Wide PREA Coordinator

|  |   |
|--|---|
| <b>Name;</b> Christy Vincent   | <b>Title;</b> Alabama Department of Corrections<br>PREA Director (ADOC PREA Director)                   |
| <b>Email;</b> Christy.vincent@doc.alabama.gov                                | <b>Telephone;</b> 334-353-2501  |
| <b>PREA Coordinator Reports to;</b><br>(Temporary) Anne Hill, Chief of Staff | <b>Number of Compliance Managers who report to the PREA Coordinator</b> 26 IPCM's and 26 Back-up IPCM's |

### Facility Information

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| <b>Name of Facility;</b> Birmingham Community Based Facility   |                                   |   |   |
| <b>Physical Address</b> 1216 25 <sup>th</sup> Street N. Birmingham, Ala. 36323   |                                   |   |   |
| <b>Mailing Address (if different than above);</b>  |                                   |   |   |
| <b>Telephone Number;</b> 1-205-252-2994  |                                   |   |   |
| <b>The Facility Is;</b>  | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal   | <input type="checkbox"/> County   | <input checked="" type="checkbox"/> State   | <input type="checkbox"/> Federal                |
| <b>Facility Type;</b>  | <input type="checkbox"/> Jail     | <input checked="" type="checkbox"/> Prison  |   |
| <b>Facility Mission;</b> Committed professionals working together to provide a safe, healthy and respectful environment and preparing women offenders for successful re-entry through gender-responsive programs and services. |                                   |   |   |
| <b>Facility Website with PREA Information;</b> <a href="http://www.adoc.alabama.gov/www.prearesourcecenter.org">www.adoc.alabama.gov/www.prearesourcecenter.org</a>  |                                   |   |   |

### Warden/Superintendent

|  |                                  |
|--|----------------------------------|
| <b>Name;</b> Chadwick Crabtree                     | <b>Title;</b> Warden I           |
| <b>Email;</b><br>chadwick.crabtree@doc.alabama.gov | <b>Telephone;</b> 1-205-252-2994 |

### Facility IPCM

|   |   |
|---|---|
| <b>Name;</b> Theresia Widener                     | <b>Title;</b> Correctional Sergeant/ Institutional PREA Compliance Manager (IPCM) |
| <b>Email;</b><br>Theresia.widener@doc.alabama.gov | <b>Telephone;</b> 1-205-252-2994  |

### Facility Health Service Administrator

|  |  |
|--|--|
| <b>Name;</b> Ambrea Waters                       | <b>Title;</b> Acting Director of Nursing |
| <b>Email;</b><br>Ambrea.waters@wexfordhealth.com | <b>Telephone;</b> 1-205-252-2994         |

### Facility Characteristics

|  |                              |  |  |
|--|------------------------------|--|--|
| Designated Facility Capacity; 268  |                              | Current Population of Facility; 236        |  |
| Number of inmates admitted to facility during the past 12 months   |                              |  | 166  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more;   |                              |  | 162  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more;  |                              |  | 162  |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012;   |                              |  | 217  |
| Age Range of Population;   | Youthful Inmates Under 18; 0 | Adults; 21-75                              |  |
| Are youthful inmates housed separately from the adult population?  |                              | <input type="checkbox"/> Yes               | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months;  |                              |  | 0  |
| Average length of stay or time under supervision;  |                              |  | 0  |
| Facility security level/inmate custody levels;   |                              |  | Level II;<br>Minimum-Out<br>Community<br>Custody                   |
| Number of staff currently employed by the facility who may have contact with inmates;  |                              |  | 47   |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates;   |                              |  | 4  |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates;   |                              |  | 1  |
| <b>Physical Plant</b>  |                              |  |  |
| Number of Buildings;<br>4  |                              | Number of Single Cell Housing Units; 0     |  |
| Number of Multiple Occupancy Cell Housing Units;   |                              | 0  |  |
| Number of Open Bay/Dorm Housing Units;   |                              | 12   |  |
| Number of Segregation Cells (Administrative and Disciplinary);   |                              | 0  |  |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.);<br>A total of 115 cameras are placed internally and externally throughout the facility. |                              |  |  |
| <b>Medical</b>   |                              |  |  |
| Type of Medical Facility;  |                              | General medical services with no infirmary |  |
| Forensic sexual assault medical exams are conducted at;  |                              | Crisis Center, Inc. Rape Response & SANE   |  |
| <b>Other</b>   |                              |  |  |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility;  |                              |  | 175 Volunteers/<br>13 Contractors                                  |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse;   |                              |  | 24 State Wide  |

## Audit Narrative

The Prison Rape Elimination Act (PREA) Recertification Audit for the Birmingham Community Based Facility, Alabama Department of Corrections (ADOC) was conducted on June 28- 29, 2018. The PREA Recertification Audit was coordinated through the Alabama Department of Corrections and 3D PREA Auditing & Consulting, LLC upon award of the contract by the ADOC. Department of Justice (DOJ) Certified PREA Auditors Debra Dawson and Joy Bell were assigned to conduct the audit. Ms. Dawson served as the Lead Auditor. A line of communication was developed between the ADOC PREA Director Christy Vincent and PREA auditor Debra Dawson to schedule dates for the recertification PREA audit at Birmingham Community Based Facility.

The PREA auditors arrived at the Birmingham Community Based Facility at 11:00 a.m., on June 28, 2018, in which the entrance meeting was immediately held. Those attending the entrance meeting was Debra Dawson, DOJ Certified PREA auditor, Joy Bell, DOJ Certified PREA auditor, Sergeant/ Institution PREA Compliance Manager Theresia Widener, Captain/Backup Institution PREA Compliance Manager Yvette Young, and Warden Chadwick Crabtree. The Institution PREA Compliance Managers will be identified as the IPCM throughout the report. The tour of the facility was begun at 11:30 a.m. The auditors were escorted by the two IPCMs.

The pre-audit preparation included a thorough review of the Pre-Audit Questionnaire, all documentation and material submitted by the IPCMs. The IPCMs submitted a flash drive with information pertaining to staff and inmate PREA training curriculums, agencies policies and procedures, educational material, staff organizational chart, staffing plan, brochures, Memorandum of Understandings, PREA pocket reference cards, posters, directive forms, inmate handbooks and staff training records. However the facility failed to a sufficient amount of supporting documentation prior to neither during the site visit to meet all PREA standards during the audit process.

PREA posters and notification of the PREA audit visit, was posted and observed throughout all areas accessible to inmate and staff in both English and Spanish. Confirmation of the notification of the PREA audit visit was documented as posted on May 14, 2018, within the six weeks required notification period.

The audit team conducted a thorough facility-wide audit of Birmingham Community Based Facility while conducting formal and informal interviews with staff and inmates. Areas visited during the tour included the main lobby, shift area, laundry, property storage; food services/dining area, inmate dorms, medical area, recreation, various program areas, administration.

During the initial on-site visit to the facility, the auditors observed and closely examined the physical layout of all operational areas accessible to inmates and staff. The location of cameras, layout of the housing units including shower/toilet areas, placement of PREA informational resources, staff supervision of inmates, and entrance procedures of male staff in inmate housing units (female) was extensively reviewed by the auditors. PREA notices were posted throughout the facility to include the Hotline number posted throughout the facility accessible to inmates and staff in both English and Spanish. PREA flyers explained the procedure for the #66 PREA contact hotline through the inmates' phone and numerous others methods accessible to report PREA allegations.

The facility reported a count of 236 inmates on the first day of the site visit, June 29, 2018. The IPCMs reported 166 inmates admitted to the facility within the past 12 months; 162 inmates admitted to the facility during the past 12 months whose length of stay in the facility was for 30 days or more; 162 inmates admitted to the facility during the past 12 months whose length of stay in the facility was for 72 hours or more; and one (1) inmate on date of the audit who were admitted to the facility prior to August

21, 2012. This information will be reviewed again during the corrective action period, as these numbers are questionable as to their accuracy.

The audit team was provided private offices in the administrative building with accurate soundproofing to conduct confidential interviews with random inmates and staff. The ADOC PREA Director assisted the PREA auditors by providing background investigations and training documentation of selected categories of staff. PREA training and background investigations were completed timely for those she submitted.

The auditors were provided with a staff roster and availability of staff during the various shifts to select for random interviews. The facility staff consists of 24 security and 23 non-security. A total of 44 staff was interviewed during the audit by use of the Department of Justice Interview Guide for Random Staff (21) and Specialized Staff (23). Some staff are assigned duo rules. The auditing team was provided separate offices to conduct private interviews with staff and inmates. Twenty-one staff was selected for random interviews. Supervisory and non-supervisory security staff from the three (3) scheduled shifts of 10:00 p.m. – 6:00 a.m.; 6:00 a.m. – 2:00 p.m.; and 2:00 p.m. – 10:00 p.m., was interviewed by the auditing team upon extending their hours of work to complete this assignment. Intermediate and Higher Level Supervisors, a variety of Support Staff to include: Food Service Stewards; Maintenance Worker; Staff Handling Inmate Mail; Administrative Staff; Social Service Case Workers; Classification Specialist; Drug Treatment Personnel, Job Placement Personnel, were also selected for random staff interviews.

The 23 staff was selected for interview based on their assigned specialized PREA responsibilities. Those specialized staff included: (1) Commissioner of Women's Facilities, (1) Agency Contract Administrator; (1) ADOC PREA Director; (1) Warden, (2) Institution PREA Compliance Managers (IPCM); (1) Incident Review Team Member; (1) Human Resource Personnel; (1) Medical Contract Staff; (1) Mental Health Contract Staff; (3) Intermediate or Higher Supervisor; (1) Staff Who Perform Screening For Risk Of Victimization and Abusiveness; (2) Investigative Staff; (2) Designated Staff Member Charged With Monitoring Retaliation; (1) SANE Nurse; (2) Intake Staff; (1) Volunteer; (1) Executive Director Crisis Services of North Alabama; There were zero Security Staff or Non Security Staff Who Have Acted As First Responder. However, all staff to include volunteers, contractors, security and support staff may perform the duties of a first responder All staff interviewed were knowledgeable of the Agency's zero tolerance of sexual abuse, sexual harassment, prohibited act of retaliation for reporting and/or cooperating with an investigation involving PREA allegations, and staff responsibility as a first responder of sexual abuse/sexual harassment allegations.

The IPCMs provided the auditors with inmate rosters that identified inmates alphabetically of inmates in each housing dorm by bed assignments in addition to rosters for the targeted inmate groups to be interviewed. A total of 40 inmates were selected for random and the targeted group interviews and 15 informal interviews. Twenty inmates were selected for random interviews. Inmates were chosen by a random selection of bed assignments. Twenty inmates were identified from the targeted group for interviews as followed; (8) Inmates Identified with Various Disabilities to include Vision, Hearing, and Physical; (2) Inmates Identified as Bi-sexual; (3) Who Reported Sexual Victimization; (4) Inmates who identify as Gay; (1) Inmate that had Cognitive Disability; (2) Inmates that Identify as Bisexual. All inmates interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting.

There were no inmates at Birmingham Community Based Facility who were identified as meeting the following categories; Inmates who identify as Transgender or Intersex; Inmates identified as Limited

English Proficiency; Inmates In Segregated Housing for High Risk of Sexual Victimization; or Inmates Who Reported Sexual Abuse

Medical and mental health staffs are contracted through Wexford Medical Care. Forensic examinations are conducted at the Crisis Center, Inc., Rape Response & SANE. Routine inmate medical care not available at the facility is conducted at Tutwiler Correctional Facility, Brookwood Medical Center or University of Alabama at Birmingham (UAB).

There were zero allegations of sexual abuse or sexual harassment reported at the Birmingham Community Based Facility in the past 12 months of the PREA audit. Therefore, there were zero PREA related investigations conducted, zero incident reviews, and zero requirements for retaliation monitoring.

The Agency publishes their investigative policy and ability to make third party PREA allegations on its website [www.adoc.alabama.gov](http://www.adoc.alabama.gov). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

Although the staff and inmate population was aware of PREA regulations, the facility failed to provide accurate rosters of staff, contract workers and volunteers to verify receipt of PREA training. It is the conclusion of the auditors that Birmingham Community Based Facility failed to prepare for the scheduled PREA audit by not having supporting documentation available for review for the noted standards. Birmingham Community Based Facility was determined to not meet the standards of Standard 115.31; Employee training; 115.32; Volunteer and Contractor Training; Standard 115.35; Specialized training; Medical and mental health care; Standard 115.41; Screening for risk of victimization and abusiveness; Standard 115.42; Use of screening information

The Birmingham Community Based Facility was placed in a corrective action period of 60 day upon receipt of the interim report on August 7, 2018, to prepare for second site visit and review of supporting documentation for each of the standards not met. A second visit was scheduled for October 5, 2018, to determine the facility preparation for the audit and review documentation for standards not met.

The closeout was conducted on June 29, 2018, at approximately 1:30 p.m. Those in attendance were the PREA auditors, IPCM Theresia Widener, IPCM/Captain Yvette Young, and Warden Chadwick Crabtree.

DOJ Certified PREA Auditor Debra Dawson and IPCM Theresia Widener maintained an open line of communication during the corrective action period while ensuring a clear understanding of obtaining proper documentation for review and the necessity of organization when submitting documents as evidence to support the standards.

PREA Auditor Debra Dawson returned to the facility on October 5, 2018, at approximately 8:10 a.m., with support staff Sterling Dawson. Upon arrival, an entrance meeting was held with the IPCM Theresia Widener, and Warden Chadwick.

Upon review of supporting documentation on October 5, 2018, it was determined the IPCM was well prepared for the continuation of the PREA audit. Supporting documentation was readily available, organized and accessible to the auditor for review while being sufficient to meet the standards previously identified as "does not meet the standard."

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, inmate 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.*

The Birmingham Community Based Facility is located in the downtown area of Birmingham, at 1216 25th Street North, in Birmingham, Alabama. The facility is located next to a Baptist church in a residential area of downtown Birmingham. Due to the location of the facility, the facility benefits from various resources and opportunities within the Birmingham, AL area. The facility is designated as an adult female facility with minimum-out, minimum-in, and minimum-community custody. The facility does not have a perimeter fence. The facility has a capacity of 268 inmates. The female inmates housed at the facility are reported to range from the ages of 21 - 75 years old. Youthful inmates are not designated to the Birmingham Community Based Facility. The inmate count on the first day of the site visit was 236.

The facility was originally used as a work release center of male inmates in 1973. However, the inmates were eventually later transferred to the East Thomas Work Release Center. The facility was re-designated as a work release center for female inmates in 1984 and is now known as the Birmingham Community Based Facility.

Several renovations were completed over the many years that allowed the increased capacity rate of 300 inmates. All inmate housing and program areas are within one large building that consists of the 12 inmate dormitories, kitchen, dining hall, recreation area, laundry, medical area, classroom, library, and administration offices. Inmates' restrooms and showers are located in each dormitory. Privacy is provided to the inmates by the installation of wooden saloon style doors at each entrance and appropriate shower curtains at each shower with partitions around each toilet. Privacy curtains were installed in the inmate shakedown area. In 2015, a 115 camera video monitoring system and numerous mirrors were installed throughout the facility to enhance security measures, prevent, and detect sexual abuse/sexual harassment.

The Birmingham Community Based Facility houses minimum-in, minimum-out, and minimum-community level inmates. Inmates are assigned to the various 12 dormitories based on their custody level and programming assignment while remaining separated during all daily facility functioning. Each of the dormitories holds between 22-24 inmates in double bunks in an open bay area.

Several programs are provided to the inmate population at Birmingham Community Based Facility. These programs include but are not limited to: Substance Abuse Program (SAP) Helping Women Recover; Getting out while getting ahead; Beyond Violence, Active Adult Relationships; job placement; GED and adult basic education courses, general educational development courses, MAT Makers Program, "Me and Mommy Day," Parenting Class; and numerous religious programs sponsored by religious service volunteers.

## Summary of Audit Findings

During the initial PREA audit process, the auditors determined Birmingham Community Based Facility was not prepared for the scheduled audit. This conclusion was based on the facility's failure to submit proper supporting documentation for standards 115.31 Employee Training; 115.32 Volunteer and Contractor Training; 115.35 Specialized training; Medical and mental health care; 115. 41 Screening for Risk of Victimization and Abusiveness; and 115.42 Use of Screening Information. The facility was placed in a corrective action period of 60 days to collaborate their efforts to retrieve, organize and submit supporting documentation for the listed standards in an manner that was orderly, sufficient, and accessible for review by the lead auditor.

At the end of the 60 day corrective action period, the facility was successful in the delivery of sufficient and supporting documentation within an orderly manner for the noted standards of 115.31 Employee Training; 115.32 Volunteer and Contractor Training; 115.35 Specialized training; Medical and mental health care; 115. 41 Screening for Risk of Victimization and Abusiveness; and 115.42 Use of Screening Information. Therefore, Birmingham Community Based Facility was determined to be meet 41 standards, excess in two standards and found to have zero does not meet the standards.

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

**Number of Standards Exceeded;** 2

115.16; 115.33

**Number of Standards Met;** 41

115.11; 115.12; 115.13; 115.14; 115.15; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.34; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89

**Number of Standards Not Met;** 0

## Summary of Corrective Action (if any)

At the initial stage of the PREA audit, Birmingham Community Based Facility was determined "does not meet the standard" of 115.31 Employee Training; 115.32 Volunteer and Contractor Training; 115.35 Specialized training; Medical and mental health care due to their failure to submit supporting documentation of training records of staff, volunteers and contractors, and accurate number of contract workers at the facility. Additional the following standards was also determined "does not meet the standard," 115. 41 Screening for Risk of Victimization and Abusiveness, and 115.42 Use of Screening Information. The IPCMs was unable to retrieve and provide the auditing team with a sufficient amount of completed ADOC

Classification PREA Risk Factors forms (risk screening forms). The completed forms that were presented to the auditors were in an unreasonable disorderly manner that was beyond a proper review. Therefore, the facility was placed in a 60 day corrective action period to gather required supporting documentation for the noted standards.

The auditors recommended that both IPCMs receive additional training in regards to the understanding of the PREA standards and awareness in their preparation for such audit. Training was identified to strengthen the IPCMs' understanding in the importance of maintaining accurate organized files with documentation related to each standard that is accessible upon request.

At the completion of the corrective action period, supporting documentation providing evidence of practice and procedures for each of the noted standards was submitted by IPCM Theresia Widener. i. Specifically, copies of employee, volunteer, contractor training, and specialized training for medical and mental health was provided to the auditor for review. A roster of contract staff identifying an accurate count was submitted. Additionally, the auditor was provided with abundance of completed and orderly submitted screening for risk of victimization and abusiveness forms in regards to standards 115.41 and 115.42 to conduct a proper review.

## 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 IPCM? (N/A if

agency operates only one facility.)  Yes  No  NA

- Does the IPCM 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.*

In accordance with a review of Alabama Department of Corrections (ADOC) Organizational Structure; ADOC Policy AR 454 Inmate Sexual Abuse and Harassment; Interviews with PREA Director and IPCM, Birmingham Community Based Facility meets the mandate of this standard. The Agency's AR 454 policy provides a detailed outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors. They also include the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of inmates. The ADOC PREA Director is a position assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. The ADOC PREA Director confirmed there are 26 Institution PREA Compliance Managers and 26 Backup Institution PREA Compliance Managers who are assigned at the various correctional facilities within the Agency. The facility IPCMs reports directly to the Warden. The ADOC PREA Director maintains an open line of communication through classroom training, emails, verbal communication via phone, individual training, with each IPCM to ensure their understanding and the compliance requirement of the PREA standards. The ADOC PREA Director and IPCM both confirmed during interviews they have sufficient time to accomplish the duties assigned to the roles of their positions.

### 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 OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The ADOC General Counsel is 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. Birmingham Community Based Facility does contract for the confinement of its inmates.

## Standard 115.13; Supervision and monitoring

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

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against

sexual abuse?  Yes  No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other

relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to; The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to; The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to; The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment: SOP 454-2 Staffing Plan: Annual Staffing Plan Review: Staffing Plan Deviation Notification: Logs for Unannounced Rounds: ADOC Coordinated Response to Sexual Assault it is determined that the Birmingham Community Based Facility meets the mandate of this standard. Birmingham Community Based Facility has established a staffing plan which provides for adequate levels of staffing and where applicable, they use direct monitoring to protect inmates against sexual abuse. A copy of a staffing plan signed on June 29, 2018, was reviewed by the auditors. An interview with the Warden verified the staffing plan was developed considering the generally acceptable correctional practices: any judicial findings, any findings of inadequacy from federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the physical plant, the inmate population, the number and placement of supervisory staff, institutional programs and the shifts they occur on applicable state or local laws or regulations, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant information. The staffing positions are developed from the staffing plan established by ADOC.

Policy dictates and procedures confirm deviations from the staffing plan are documented and the reasons for the deviation are noted on the Staffing Plan Deviation log for the past 12 months. Birmingham Community Based Facility utilizes overtime to ensure proper staff coverage prior to vacating mandatory post.

A review of log book entries confirmed Intermediate and higher level staff are conducting unannounced rounds as required within the agency's policy. Warden, Captain and IPCM are making a minimum of three unannounced rounds a week and supervisory correctional staff perform these rounds each shift. Supervisory staff and random staff were aware of agency's policy prohibiting staff from notifying other staff that Supervisory rounds are being conducted.

The facility utilizes video monitoring which is supported by a DVR system that maintain 115 cameras positioned throughout the facility to provide security enhancement. Review of video monitoring confirmed the inmates' privacy for showering, use of toilet and performance of bodily functions was not observant to staff during video 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.*

In accordance with a review of ADOC 454 Inmate Sexual Abuse and Harassment, Birmingham Community Based Facility meets the mandate of this standard. Birmingham Community Based Facility does not house Youthful Inmates. Per ADOC 454 Inmate Sexual Abuse and Harassment, Youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside the housing unit, if sight and sound separation cannot be maintained, direct staff supervision shall be provided.

## 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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  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 here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No  N/A

#### 115.15 (d)

- Does the facility implement a policy and practice 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.*

In accordance with a review of ADOC AR 454 Inmate Sexual Abuse and Harassment; ADOC AR 336 Searches; SOP 336-2 Inmate Searches; PREA Training Acknowledgements; Interviews with the Warden, supervisory staff, random staff, and random inmates, Birmingham Community Based Facility meets the mandate of this standard. Cross-gender strip searches are not conducted at Birmingham Community Based Facility. Staff shall not conduct cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. There were zero body cavity searches and/or cross-gender strip searches that met the requirement of exigent circumstances or were performed by staff other than medical practitioners.

The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate's housing unit.

Interviews with a selection of random staff, and inmates from each housing unit confirmed inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the standard. Interviews with staff and inmates confirmed staff of

the opposite gender announces their presence when entering an inmate housing unit. This practice was observed by the auditor male employees entering the housing units. No inmates identified as transgender or intersex was assigned at the Birmingham Community Based Facility. Therefore, zero were available for interview.

## 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.*

In accordance with a review of ADOC AR 454 Inmate Sexual Abuse and Harassment: Alabama Institute for Deaf & Blind Contract: PREA Training Acknowledgement: PREA Video, Posters, Interview

with Commissioner of Women's Facilities, Birmingham Community Based Facility meets the mandate of this standard. Birmingham Community Based Facility takes steps and has policies that ensure 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.

An interview with the Commissioner of Women's Facilities indicated the Agency has departmental American Disability Act (ADA) Coordinators within the facilities that provide assistance with educational learning for those inmates with special needs. The ADA Coordinator at Birmingham Community Based Facility was interviewed and articulated her duties as such.

PREA posters and educational materials are provided in English and Spanish. Inmates who are deaf are provided PREA information through written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Inmates who are blind are provided an audio version in either English or Spanish. PREA Videos are available with subtitles.

Interviews with random staff confirmed the facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegations. The ADOC Agency has a contract with the Alabama Institute for Deaf & Blind and they also use Google Translate. The Google Translate services are provided through the internet. With Google Translate services and the use of microphone IPCMs have instant access to interpretation services in emergency situations. The IPCMs access the Google Translate Services through the link of <https://translate.google.com>. Instructions for this service are provided on screen during staff use.

Four inmates identified with hearing disabilities, one inmate with a vision disability, one with a cognitive impaired, was interviewed by the auditors. Each stated they received PREA education at the Birmingham Community Based Facility in a manner they fully understood.

## 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, or 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.*

In accordance with a review of ADOC AR 454, Inmate Sexual Abuse and Harassment; AR 216, Background Investigations; AR 208, Employee Standards of Conduct and Discipline; Review of Personal Information Sheets; ADOC Form 216; Interviews with Agency Human Resource Manager and Warden, the ADOC Agency and Birmingham Community Based Facility meets the mandate of this standard. All hiring and approved clearances allowing entrance into Birmingham Community Based Facility is accomplished with a background check through the National Crime Information Center (NCIC). The ADOC Personnel Director shall conduct a criminal background records check every five (5) years on all current employees and contractors. Volunteer and Contractor background checks are completed through STATON (com center for ADOC).

The auditors were provided documentation of staff backgrounds checks by the ADOC PREA Director. Before hiring a new employee or contractor: 1) the ADOC Personnel Division or designee shall conducts a criminal background record check; 2) Make its best efforts to contact all prior institutional employers in regards to substantiated allegations of sexual abuse or any resignation during a period of sexual abuse investigation; (3) Ask potential employees and contractors about previous misconduct: a) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; b) 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 c) Has been civilly or administratively adjudicated to have engaged in the activity.

Apprise potential employees and contractors that false information or material omissions regarding such misconduct shall be grounds for termination and that they have a continuing duty to disclose such conduct. For all promotions and rehires, the Intelligence and Investigative Division Director shall conduct a criminal background records check. Those employees who have engaged in any conduct as aforementioned shall be disqualified for promotion. Employees are required to report immediately any pending charges/arrest. When security staff is arrested, the Agency is required to notify the Alabama Peace Officers' Standards and Training Commission. Employees are subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies, as detailed in AR 208, Employee Standards of Conduct and Discipline.

Staff are required to complete a Waiver and Authorization To Release Information to authorize and request the full release of the information, without any reservation, throughout the duration of their association with the ADOC prior to 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 prior to the Agency doing so. There were no employees, contractors, or volunteers placed in corrective action status (discipline) for allegations of sexual abuse/harassment with an inmate in the past 12 months of the audit process.

## 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.*

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; SOP 454-2 Staffing Plan; SOP 454-3 Coordinated Response to Sexual Assault and Surveillance System Schematic it is determined that the Birmingham Community Based Facility has not had any substantial renovations to the physical plant or cameras and video monitoring system which includes upgrades and installation of additional cameras since the last PREA audit. However, the facility is in the process of inquiring a new facility. The ADOC PREA Director and IPCM will be instrumental in any review or planning of a expansion and/or new facility to ensure that inmates are protected from sexual abuse through appropriate means.

## RESPONSIVE PLANNING

### Standard 115.21; Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

### 115.21 (b)

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

### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

In accordance with a review of SOP 306, Evidence & Contraband Collection; AR 454, Inmate Sexual Abuse and Harassment; Advocacy MOU with Crisis Services; Training Records for Specialized Investigators; Birmingham Community Based Facility Coordinated Response Protocol, Birmingham Community Based Facility meets the mandate of this standard. The IPCM is responsible for conducting inmate on inmate sexual harassment allegations. The Agency's I&I is responsible for conducting all other administrative investigations and all criminal investigations within the agency. The Directives for Inmate Sexual Abuse and Harassment follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

An interview was conducted with an I&I Investigator who responds to incidents of sexual abuse/harassment. The Investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. Emergency healthcare as well as forensic examinations by SANE/SAFE staff are provided at no cost to the inmate. The Agency has a MOU with Alabama Coalition Against Rape (“ACAR”). An advocate is provided to the inmate upon request. Services include providing emotional support through the forensic medical examination and investigation interviews. An interview with the Warden confirmed that these services are available to all victims of sexual abuse upon request.

SANE examinations are conducted at Crisis Center, Inc., Rape Response & SANE by SANE nurses. The effected inmate will be provided treatment and services as required by the laws, regulations, standards and policies at no cost to them. The uniform evidence protocol used includes sufficient technical detail to aid responders in obtaining useable physical evidence and is appropriate for youth when necessary.

## **Standard 115.22; Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

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

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### **115.22 (c)**

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency publishes the policy on its website ([www.adoc.alabama.gov](http://www.adoc.alabama.gov)) and has a request for investigation form for the public to make a third party request for an investigation. In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; PREA Allegation Checklist; Birmingham Community Based Facility Coordinated Response Protocol; Referrals for an Investigation; Agency website; Duty Officer Report; Incident Report; and Interviews with investigative Staff, Birmingham Community Based Facility meet the mandates of this standard. An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Inmate on inmate investigations are conducted by the IPCM and I&I Investigators conduct all allegations involving staff and all allegations in which criminal charges could be possible.

The Investigators are responsible for conducting a prompt, thorough and objective investigation, whether administrative or criminal, in all such cases. Investigators compile all evidence to include investigative reports, dictated interviews, audio & video case files, Garrity waivers, Miranda waivers, Search Warrants, Arrest Warrants, Prosecution waivers and Subpoenas. The agency publishes the policy on its website ([www.adoc.alabama.gov](http://www.adoc.alabama.gov)) and has a request for investigation form for the public to utilize for a third party request for an investigation.

## 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 female inmates to a facility that houses only male 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.*

The ADOC Agency has ADOC Lesson Plan for Basic PREA Training; ADOC pamphlet on "What Staff Should Know About Sexual Misconduct with Inmates; ADOC PREA Refresher Training, Training Acknowledgment Forms and various other educational material to provide PREA training to staff. During the initial audit process the facility failed to provide documentation to support staff receipt of and understanding PREA training. Therefore, Birmingham Community Based Facility does not meet the standard. However, during the corrective action period, the IPCM provided current staff rosters, documentation of staffs signature of training, and the lesson plan of training. Therefore, Birmingham Community Based Facility meets the mandate of this standard. Training tailored to the female inmate population includes "What you need to know: PREA and Creating Safety for Women Offender" and PREA/Gender Responsive Security Training. ADOC mandates PREA training every two years, that addresses all PREA requirements including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

During interviews with random staff they were aware of their responsibility to protect victims, respond to allegations and refer reports for further investigation. Each staff member is provided a pocket card

identifying the steps to take as a first responder and how to report. Both formal and informal interviews with staff indicate that they are well trained in their duties as first responders. Interviews with the inmate population confirmed they felt staff would act appropriately in protecting and reporting their allegations of sexual abuse/sexual harassment.

Training Instructors Reference the Moss Group, ADOC LGBTI Training, NIC E-Course “Communicating Effectively and Professionally with LGBTI Offenders” and NIC Web Case “LGBTI Populations: Creating a Culture of Safety.” Gender specific training on searches was provided to the staff. Male security staff conducts property searches only of the female inmate population at the Birmingham Community Based Facility.

**Corrective Action:** During the initial audit phrase Birmingham Community Based Facility failed to provide the auditing team with current rosters of staff assigned and documentation noting receipt of PREA training. Therefore, the facility was determined not to meet the standard. However, during the corrective action period, the IPCM provided the auditor with a roster of current staff and confirmation of their completed PREA training which noted the training received. Birmingham Community Based Facility meets the mandate of this standard.

## 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.*

The ADOC Agency has various method to provide training to their contract and volunteers such as the AR 454, Inmate Sexual Abuse and Harassment; Handout for Volunteers and Contractors; ADOC Lesson Plan – PREA Module for Volunteers and Contractors; A PREA Brochure for Volunteers and Contractors, and Training Acknowledgment Forms to be signed by Contractors and Volunteers. During the initial phrase of the audit process, the facility failed to provide the auditing team documentation to support the standards of volunteer and contractor receipt and understanding of PREA training. However during the corrective action period, the facility did provide the Memorandum of Understanding with Contractors, copies of Contractor Training Records, Volunteer Training Records, and Training Curricula for volunteers and contractors that confirmed appropriate PREA training. Two contract workers and one volunteer were interviewed. Each acknowledged receipt and understanding PREA training. They articulated their understanding of the agency's zero tolerance of sexual abuse and sexual harassment and their responsibility in reporting, how to avoid inappropriate relationship with inmates, prevention, detection and the response of sexual harassment or sexual abuse. The training provided, included the mandatory standard to report all incidents, knowledge or suspicions of sexual abuse or sexual harassment. Birmingham Community Based Facility has 175 volunteers and 13 contract workers who have contact with inmates and have received the required PREA training. Therefore, Birmingham Community Based Facility meets the mandate of this standard.

**Corrective Action:** During the initial audit process Birmingham Community Based Facility failed to provide the auditing team with accurate current rosters of all contract and volunteers that have contact with the inmate population while identifying each category's count. During the corrective action period, the IPCM provided the auditor with rosters of all contractors and volunteers receipt of PREA training. The IPCM also provided the auditor with an accurate count of both contract workers and volunteers.

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

#### 115.33 (d)

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

#### 115.33 (e)

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

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to 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.*

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; Community Based Facility Female Inmate Orientation Handbook; PREA: What You Need to Know Facilitator's Guide ; Inmate Orientation Sign-in Sheets; Inmate Receipt of PREA/Acknowledgement Forms; PREA Posters; "What You Should Know About Sexual Abuse and Assault Pamphlet;" Access to Interpreters MOU; Visual Aides/Spanish/Low Vision Reading Materials; and Interviews with Inmates, Birmingham Community Based Facility meets the mandate of this standard. Birmingham Community Based Facility ensures all newly arrived inmates receive some form of PREA training on the day of arrival during the intake process in a language they can comprehend. The inmate is given verbal, written and understandable information explaining the ADOC's zero tolerance PREA policy including how to report sexual abuse and harassment upon their initial intake. Comprehensive PREA educational orientation is provided to the inmate population by the IPCM on ADOC's zero tolerance PREA policy and how to report sexual abuse and harassment within 30 days of their arrival at the facility. This training is documented by the inmate's signature and maintained by the IPCM.

Birmingham Community Based Facility has policies in place that require the facility to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, and otherwise disabled, as well as to inmates who have limited reading skills. Copies of PREA materials and the PREA video were reviewed and confirm, PREA material is made available in English and Spanish. Interpretation services are provided in accordance with an MOU with Alabama Institute for Blind & Deaf. In the event an inmate has difficulty understanding the written material due to a disability or limited reading skills, an appropriate staff member is provided.

Inmates' interviews confirmed they have received PREA information during intake thru the utilization of video, Female PREA Orientation, pamphlets, and lectures. Inmates can reference PREA training provided by the IPCM and numerous PREA posters throughout the facility which include common areas and housing units.

Access to interpretation services is not only provided by the Alabama Institute for the Deaf and Blind but all Institutional IPCM's have access to *Google Translate* services through the internet. With *Google Translate* services and the use of microphones, the IPCM's have instant access to interpretation services in emergency situations. An electronic service available for use by inmates, is the google translate service, (<https://translate.google.com/>). Instructions for this service are provided and easily accessible thru a on a screen prompt.

## Standard 115.34; Specialized training; Investigations

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

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment; ADOC Lesson Plan – Special Investigator Training, Training Acknowledgement for Investigators and IPCM ; Interview with Office of Intelligence & Investigation (I&I), Birmingham Community Based Facility meets the mandate of this standard. There are 24 Agency Investigators within the Intelligence and Investigative Division. I&I Investigators are assigned to conduct administrative and criminal allegations of sexual abuse allegations and/ staff involved allegations of sexual harassment within the ADOC.

Documentation of training certificates confirmed the I&I investigators received training in regards to their role in PREA responsibilities that included by not limited to: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, conducting sexual abuse investigations and the collection of evidence in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. Training is documented and verified through the employee's signature and electronically forwarded to the Training Director for retention. The Agency's investigators have specialized training for PREA: Investigating Sexual Abuse in a Confinement Setting, Presented by the National Institute of Corrections; PREA: Your Role Responding to Sexual Abuse Presented by the National Institute of Corrections; and formalized investigative training through the Agency.

Documentation of the specialized training for all Intelligence and Investigators was made available for review to the auditors by the ADOC PREA Director. An interview with an Agency Investigator confirmed receipt of the specialized training while articulating an understanding of the training completed. The IPCMs completes inmate on inmate sexual harassment investigations and documentation of his training completion was provided to the auditors.

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

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454, Inmate Sexual Abuse and Sexual Harassment; In-Service PREA Training for Medical Staff; Lesson Plan – SAFE/SANE; List Certified SAFE/SANE Nurses; and MOU with Crisis Services, the ADOC Agency and Birmingham Community Based Facility has policies and training material to ensure specialized training is completed by medical and mental health staff within the Agency. During the initial audit process Birmingham Community Based Facility failed to provide requested documentation of current contract staff within each department and confirmation of their training. Therefore, Birmingham Community Based Facility did not meet the standard. However, during the corrective action period, the IPCM submitted rosters of the facility's contract medical and mental health practitioners receipt and understanding of PREA training, in addition to the specialized training curricula provided. The specialized training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff revealed their understanding of how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment during the interview process.

Forensic medical examinations are conducted by SANE Nurses at Crisis Center, Inc., Rape Response & SANE. Medical staff at the facility will provide first aid care as needed without disturbing any evidence of an alleged sexual assault victim.

**Corrective Action:** During the initial PREA audit phase, Birmingham Community Based Facility failed to provide the auditing team with accurate current rosters and count of their contract medical and mental health practitioners. The auditor was also not provided with documentation of receipt and understanding of specialized training received by each medical and mental health practitioner. However, during the corrective action period, the IPCM provided the auditor with an accurate count and roster of contract medical and mental health practitioners and receipt of their specialized training that confirmed completion and there acknowledgement of the required training. Therefore Birmingham Community Based Facility meets the mandate of this standard.

## 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, when 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, when 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, when known to the agency; history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

- Is it the case that 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.*

The ADOC Agency has policies and procedures to include: AR 454 Inmate Sexual Abuse and Sexual Harassment; SOP 454-4 Use of Screening Information; Classification Spreadsheet; Intake Risk Assessment; and PREA Risk Re-Assessment. During the initial PREA audit phrase, Birmingham Community Based Facility failed to provide the auditors the requested material to determine compliance. Therefore, Birmingham Community Based Facility was determined to not meet the standard. However, the lead auditor returned to the facility at completion of the corrective action period to randomly request a selection of new admission and 30 day review ADOC Classification PREA Risk Factors forms for review. The auditor was provided numerous files containing hundreds of risk assessments forms that included the initial and 30 day reassessments. The initial assessment form and reassessment forms were well organized while the initial assessment and reassessment forms were stapled together for each inmate. The organization skill presented by the IPCM allowed a thorough review of the assessment and reassessment forms. All inmates are screened for risk of victimization and abusiveness upon arrival. The screening is within 72 hours of arrival. The IPCM explained she and/or Classification Personnel normally conducts intake screening on the day of the inmate's arrival but not later than the second day of the inmate's arrival. The screening instrument includes whether the inmate has a mental, physical, or developmental disability, the age and physical build of the inmate, previously incarceration history, whether the inmate's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status.

Mental health staffs meets with the inmate and review their screening information. If the screening indicates that the inmate has prior sexual victimization or sexual aggression in their history, the mental health staff offer a follow-up meeting with the inmate within 14 days of the intake screening. Interviews with mental health staff revealed inmates are assessed within 5 days of arrival.

The IPCM reassesses the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening normally not later than 30 days to ensure any concerns with the inmate's safety is addressed prior to transfer to his designated correctional facility. Information obtained during the initial assessment and reassessment is placed in the inmate's classification file. These files are accessible to identified authorized staff only. Apart from reporting to designated supervisors and/or officials, staffs are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions.

Interviews with intake staff (Classification), IPCM, mental health nurse, and the inmate population and review completed assessment and reassessment forms confirmed compliance with the each measure within this standard. The IPCM confirmed inmates are not disciplined for refusing to answer, or for not disclosing complete information during the screening for risk of victimization and abusiveness

**Corrective Action:** Birmingham Community Based Facility failed to provide the auditor with copies of completed the Agency's Classification PREA Risk Factors forms to support compliance with this standard during the initial PREA audit phrase. The forms were not accessible to the audit team and those available were extremely unorganized. Therefore, the facility was determined to not meet the standard. However, during the corrective action period, the IPCM obtained and organized the PREA Risk Factors forms in a manner that was accessible for review by the auditor. Upon review of hundreds completed ADOC Classification PREA Risk Factors forms it was determined Birmingham Community Based Facility meets the mandate of the standard.

## 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 female 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 female 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?  Yes  No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The ADOC Agency has policies to include AR 454 Inmate Sexual Abuse and Sexual Harassment; SOP454-4 Use of Screening Information; Inmate Housing Designation Spreadsheet; that allows the Agency to meet the standard. However, during the initial PREA audit phrase, the auditors were not provided with the requested documentation to verify compliance of staff's practice within this standard. A request for completed the Agency's Classification PREA Risk Factors forms was not provided to auditors. Therefore, Birmingham Community Based Facility was determined to not meet the standard. The lead auditor returned to the facility at completion of the corrective action period to randomly request a selection of new admission and 30 day review ADOC Classification PREA Risk Factors forms for review. The auditor was provided numerous files containing hundreds of risk assessments forms that included the initial and 30 day reassessments. The initial assessment form and reassessment forms were well organized while the initial assessment and reassessment forms were stapled together for each inmate. The organization skill presented by the IPCM allowed a thorough review of the assessment and reassessment forms. Intake Staff uses information from the risk assessment to determine housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Information obtained during the screening is used by staff to make individualized determinations about how to ensure the

safety of each inmate.

There were zero transgender and/intersex inmates housed at the Birmingham Community Based Facility. However, the ADOC PREA Director, Warden and Intake Staff/IPCM were familiar with the Agency's policies and PREA standards in regards to housing and screening procedures of transgender and intersex inmates. The Agency has policy outlining the use of screening information. Transgender or intersex inmates housing is considered on a case-by-case basis, placement considers the inmate's health and safety, and whether the placement would present management or security problems. Those inmates identified as transgender or intersex would be reassessed every six months and additionally if needed. Transgender and intersex inmate's own view with respect to her own safety is given consideration. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. Birmingham Community Based Facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated unit based solely on identification or status.

**Corrective Action:** The 60 day corrective action plan required the facility to provide the auditor with completed copies of Agency's Classification PREA Risk Factors forms completed within the past 12 months and during the corrective action period in an organized manner accessible for review. During the second site visit, the IPCM had obtained and organized the PREA Risk Factors forms in a manner that was accessible for review by the auditor. Upon review of hundreds completed ADOC Classification PREA Risk Factors forms it was determined Birmingham Community Based Facility meets the mandate of the standard.

## 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 access to programs, privileges, education, or work opportunities, does the facility document; The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document; The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document; The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign 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.*

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; Protective Custody SOP for Tutwiler Correctional Facility; Interviews with Warden and Deputy Commissioner of Women's Services does not house inmates in Protective Custody. Inmates that require Protective Custody would be immediately transferred to Tutwiler Correctional Facility. Inmates at high risk for sexual victimization are not placed 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. If an involuntary segregated housing placement is made the placement is reviewed on a weekly basis until other housing can be found. Segregated housing assignments will not exceed a period of thirty (30) days. Inmates placed in protective custody shall have access to program privileges, education, and work opportunities to the extent possible. If restrictions occur, the facility documents the restrictions, duration of the limitation, and reasons for the limitation. Depending on the circumstances, inmates could be transferred, an inmate could be placed in safe keeping general population, the inmate identified could be transferred until completion of the investigation, etc. The agency's policy prohibits placing inmates in involuntary segregated housing in lieu of other housing areas that may include a transfer to one of the other two female correctional facilities. There were zero inmates placed in involuntary segregation or transferred due to being at a high risk of sexual victimization in the past 12 months of the audit.

## 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?  
 Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of 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.*

In accordance with a review of the Employee Handbook; Inmate Handbook; PREA Posters and Brochure; Birmingham Community Based Facility Coordinated Response Plan; MOU with Department of Economic & Community Affairs for Hotline Reports; AR 454 Inmate Sexual Abuse and Harassment, Birmingham Community Based Facility meets the mandate of this standard. The Agency and Birmingham Community Based Facility has multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates receive a copy of The Inmate Handbook during the intake process which advises them that they can contact any staff member, call #66 on the inmate phones to leave a message or use the

inmate secured PREA Dropbox located by the inmates' telephone to report sexual abuse or assault internally.

Additionally, there are posters throughout the facility which also inform the inmates of other reporting options. To report to an external organization, inmates can contact the Alabama Department of Economic & Community Affairs (ADECA) via a hotline as a public or private entity or office that is not part of the agency. The ADECA is able to receive and immediately forward inmates reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates may report sexual abuse or harassment verbally, in writing, through a third party or anonymously. They may call the PREA hotline, deposit a complaint in the PREA drop box (a secured receptacle, located at the facility), tell the IPCM, contact I&I via use of 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. When inmates report allegations to third parties, they should contact the ADOC concerning the allegations through the public website at [DOC.PREA@doc.alabama.gov](mailto:DOC.PREA@doc.alabama.gov).

Interviews with random sample staff and inmates confirmed their knowledge of several methods to report allegations of sexual abuse/harassment. Staff and inmates were aware that inmates may report an incident of sexual abuse, sexual threats or any act of retaliation verbally or in writing, anonymously and from third parties. Staff confirmed verbal reports of sexual abuse and/or sexual harassment are promptly documented and submitted to their supervisor.

## 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  NA

#### 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.*

In accordance with Inmate Handbook: ADOC AR 454 Inmate Sexual Abuse and Harassment, Inmate Grievance and Response (Women Services); Standard Operating Procedure Number: 319- Inmate Grievance Procedure, Birmingham Community Based Facility meets the mandate of this standard. The Birmingham Community Based Facility reported there were zero grievances filed within the past 12 months of the audit. However, policy provides guidance and staff are aware of the procedures when addressing an inmate's grievance. Inmates are not required to use an informal grievance process, and/or any attempt to resolve with staff, an alleged incident of sexual abuse, sexual harassment, or any verbal or physical abuse. The inmate may submit a grievance to any staff member, and does not have to submit a grievance to a staff member who is the subject of the complaint and shall not be referred to a staff member who is the subject of the complaint. The emergency grievance provisions for responding to grievances of an emergency nature are as follows: (1) The emergency grievance shall be forwarded immediately, without substantive review, to the shift commander for immediate corrective action if necessary. (2) The Shift Commander will immediately forward grievances involving allegations of sexual abuse or sexual harassment to the Institutional PREA Compliance Manager and the I&I Division. (3) The Shift Commander will immediately forward grievances involving allegations of verbal or physical abuse to the Warden. (4) The Shift Commander shall forward a copy of the emergency grievance, along with action taken, to the Institutional Grievance Officer (IGO). (5) After consultation with the IPCM or Warden, the IGO shall provide an initial response to the inmate within forty-eight (48) hours of receipt. (6) The IGO, under the guidance of the Warden, shall provide a final response within five (5) calendar days. (7) A final decision on the merits of any portion of a complaint alleging sexual abuse, sexual harassment, or any other verbal or physical abuse by staff will be provided to the inmate within 30 days of the initial filing of the complaint. The option of an extension of up to an additional 30 days, approved and documented by the Warden, may be granted with written notice of status update provided to the inmate. (8) The IGO shall provide a copy of the grievance and final response of the grievance to the Departmental Grievance Coordinator (DGC) for review. If an inmate is not satisfied with the IGO's response, that response may be appealed on Sop Form 319-I-B, Inmate Grievance Appeal Form, to the Departmental Grievance Coordinator (DGC) within five (5) calendar days from date of IGO's response. One copy of completed SOP For 319-1-A (IGO's response) must be attached to this appeal. The DGC, upon receipt of an appeal, will acknowledge receipt on the grievance log and a receipt shall be forwarded to the inmate. The DGC, will review, investigate, and respond to all grievances within twenty (20) working days of receipt.

Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on the behalf of inmates. If a third party files a PREA grievance on behalf of an inmate, the IGO or the DGC may require, as a condition of processing the grievance, that the inmate agrees to have the request filed on her behalf, and may also require the inmate to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on her behalf, the IGO or the DGC shall document the inmate's decision on the SOP Form 319-1-A as "Decline to have processed on her behalf." A copy shall remain in the IGO's file for a period of three (3) years and a copy shall be scanned to the inmate's institutional file.

Grievances alleging that the inmate is subject to a substantial risk of imminent sexual abuse or sexual harassment shall be considered an Emergency Grievance and shall be followed.

The initial response and final decision shall determine whether the inmate is in substantial risk of imminent sexual abuse or sexual harassment and the action taken in response to the emergency grievance.

General security and orderly management of Birmingham Community Based Facility requires that inmates be held responsible for manipulative behavior and false allegations. Allegations of false reports will be considered in accordance in accordance with AR 403, procedures for Inmate Rule Violations. Finding of untrue, malicious, insubordinate, or slanderous allegation(s) against a staff member (s), filed

using the grievance procedure, may result in a recommendation of disciplinary action on the inmate. Discipline action may be taken by the IPCM and/or I&I Investigator.

## 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?  Yes  No
- 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

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In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment; PREA advocacy posters; Inmate Handbook; MOU with Alabama Coalition Against Rape (ACAR); MOU with Crisis Services of North Alabama; and Interviews with IPCM, Birmingham Community Based Facility meets the mandate of this standard. The ADOC Agency has a MOU with the Alabama Coalition Against Rape for advocacy services for all its correctional facilities. The MOU identifies the ACAR agrees to provide access to outside victim advocates from one of its Centers which provide confidential emotional support to ADOC inmates housed at ADOC facilities. The agreement outlines the services provided by the program to include; follow-up with inmates who made direct contact seeking rape crisis services via telephone or mail or requested through ADOC; maintain active and confidential communication with ADOC staff in order to facilitate treatment for victims that is consistent with the victim's right to confidentiality; to provide in person follow-up rape crisis counseling and emotional support services at the facility, and must be willing to participate in training to advance the goals and program objectives with ADOC. The ACAR agrees to keep any communications between inmates and advocates confidential. To the extent that any specific reports of sexual abuse or sexual harassment are reported to the advocate during said communications, the advocate shall provide the inmate with information as to how to report the incident to the proper authorities.

The MOU dictates that the ADOC is responsible for notifying the inmate of the extent to which any communications between advocates and inmates will be monitored and the extent to which reports of abuse will be forwarded to authorities which are consistent with mandatory reporting laws. Birmingham Community Based Facility does not detain inmates solely for civil immigration support services at the facility and must be willing to participate in training to advance the goals and program objectives with ADOC. This information is posted in the inmate housing areas and throughout the facility for review.

## 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

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In accordance with a review of the ADOC PREA Policy Web Page (<http://www.doc.alabama.gov>); PREA Posters and Brochures; and Interviews with Random Staff and Random Inmates, the ADOC Agency meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents and a link to complete a Request for Investigation. This information is included in the PREA brochures which are provided to each inmate. Interviews with random staff and random inmates confirmed allegations of sexual abuse and/or sexual harassment of inmates could be reported by third party to include family, friends, etc. Informational bulletins and posters are located throughout the facility for staff and inmate review

## 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

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In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment: State Law, Title 26, Chapter 14, Section 26-14-3 Mandatory Reporting: ADOC Incident Report: and Interviews with Deputy Commissioner of Women's Services, Warden, ADOC PREA Director; Investigative Staff, Random Staff: and Random Inmates it is determined that Birmingham Community Based Facility meets the mandate of this standard. ADOC policies require all staff to immediately report and document sexual abuse and

sexual harassment, including third-party and anonymous reports. Staffs are prohibited from discussing information related to sexual abuse reports with anyone other than those directly involved.

Medical staff is required to report all allegations of sexual abuse and harassment. Inmates are provided with information on how to report allegations of sexual abuse and/or sexual harassment upon their arrival during the intake process. Random staff was also knowledgeable of their responsibility to report and document all allegations immediately to their supervisor, ranking security supervisor or Warden. Staff interviewed also confirmed methods of reporting the allegations of sexual abuse and/or sexual harassment privately and not sharing information reported with those who have no need to know. Medical staff informs the inmate of their duty to report and limits to confidentiality during the initial medical screening process.

Birmingham Community Based Facility does not house inmates under the age of 18. ADOC Policy states, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Interviews with the Executive Staff and Investigative Staff confirmed all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to the Intelligence and Investigations Division.

## 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.*

In accordance with a review of AR 454, Inmate Sexual Abuse and Sexual Harassment, Interviews with the Deputy Commissioner of Women's Services, Warden, and PREA Director, Birmingham Community Based Facility meets the mandate of this standard. Policies and the PREA training delivered to staff outline the immediate steps that are to be taken to protect inmates with a substantial risk of sexual abuse. Interviews with staff confirmed upon awareness that an inmate being subjected to a substantial risk of imminent sexual abuse, the inmate would be immediately removed from the area of potential threat.

Each case is evaluated by the facility and investigative staff based upon the nature of the report to ensure the safety of the inmates. Precautionary measures may include increased supervisory rounds as appropriate and/or inmate at risk or potential predator may be moved to another housing unit. If no other options are available temporarily protective custody until other steps can be taken may be considered, the inmate may be transferred to one of the other ADOC facilities. There were no inmates identified as subject to a substantial risk of imminent sexual abuse during the past 12 months at Birmingham Community Based Facility.

## 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.*

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; ADOC Form 454-F Reporting to Other Confinement Facilities and PREA Incident Report, Interviews with the Deputy Commissioner of Women's Services, ADOC PREA Director and Warden, Birmingham Community Based Facility meets the mandate of this standard. The ADOC Agency and Birmingham Community Based Facility has policies and procedures in place to ensure upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This notification shall occur as soon as possible, but no later than 72 hours upon becoming aware. The facility in which the allegation of sexual abuse and/or sexual harassment occurred is responsible for ensuring the allegation is investigated in accordance with these standards. Notification is made electronically by the Warden of one institution to the Warden of the other institution.

One incident was referred from the Birmingham Community Based Facility to another facility of a possible sexual abuse allegation within the past 12 months of the audit process. The allegation was reported and investigated by an I&I Investigator as required by the ADOC Agency and PREA standards. The allegation was determined not to meet a violation of the PREA standards.

## 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.*

In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment; Form 302-A Incident Report; First Responder Checklist; Investigations Mapping; Interviews with Staff, Warden, IPCM, Birmingham Community Based Facility meets the mandate of this standard. First Responder duties are outlined in the AR 454, Inmate Sexual Abuse and Harassment P.18 section (G), Responding to Sexual Abuse and Harassment. The policy outlines the steps for First Responder to include non-security staff, the Shift Commander, Medical and Mental Health and Investigators upon becoming aware of allegations of sexual abuse.

Appropriate first responder duties are also listed within the policy for the report of sexual harassment allegations. The IPCMs distributed individual cards to all staff titled "The PREA Immediate Response Procedure Card" that outlines the duties of a First Responder to allegations of sexual abuse and sexual harassment. Interviews with security staff, non-security staff, volunteers, higher and intermediate level supervisors and contractors, confirmed their knowledge of First Responder duties to separate the alleged victim and abuser; preserve and protect the crime scene, and request that the alleged victim and alleged abuser take no action that may destroy evidence.

The responding staff is to immediately notify their immediate supervisor/Shift Commander and the Shift Commander will make further notifications. There was zero staff who served as a First Responder at Birmingham Community Based Facility. However, those interviewed were aware of their responsibilities per the requirements of this standard.

#### 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.*

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment and SOP 454-3 Coordinated Response, Interviews with I&I Investigator, Warden, Intermediate and Higher Level Institutional Staff, Birmingham Community Based Facility meets the mandate of this standard. AR 454, Inmate Sexual Abuse and Harassment (P) section (a-f) , and SOP 454-3 Coordinated Response outlines policies and procedures that ensure the facility has a developed written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The facility plan dictates responding to an allegation of sexual abuse requires a coordinated effort between administrative staff; security staff, medical and mental health services and victim advocates or victim inmate representatives.

The Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocates. A checklist Form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Interviews with staff indicate that each is aware of their specific responsibilities under this plan.

**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.*

In accordance with AR 454 Inmate Sexual Abuse and Harassment and interview with the Associate Commissioner of Operations, the Agency meets the mandate of this standard. Alabama is a "Right to Work" State and no Employee Union exists at the facility to represent the staff of the Birmingham Community Based Facility.

### 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.*

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; ADOC PREA Retaliation Checklist; Interviews with Staff Assigned to Monitor Retaliation (IPCM), Deputy Commissioner of Women's Facilities and Warden, the Agency and Birmingham Community Based Facility meets the mandates of this standard. Birmingham Community Based Facility has policies and procedures in place to protect all inmates and staff from retaliation by other inmates or staff for reporting sexual abuse and harassment or cooperating during investigations. The facility shall designate which staff members or departments are charged with monitoring retaliation.

The IPCM and Captain has been assigned to conduct retaliation monitoring and interviews with the Associate Commissioner of Operations, Warden, Staff Assigned to Monitor Retaliation/IPCMs confirmed they were aware of the Agency's requirements within this standard. Specifically, each articulated the monitoring process includes individual meetings with the inmate/staff member, which would be conducted every 30 days up to 90 days and longer if necessary and these meetings are to be documented.

Policies and checklist provide multiple protective measures to ensure the safety of the offender. They includes housing changes or transfers for the victim or abuser, removal of the alleged staff member or

inmate abuser from contact with the alleged victim, and emotional support services for inmate or staff who fear retaliation. Staffs monitor inmate's disciplinary reports, housing, program changes, and any negative performance review or reassignments given by staff. In investigative cases where an inmate is released from ADOC custody, monitoring will stop.

ADOC facility staff responsible of monitoring the inmate notifies the receiving institution of the continuing monitoring requirement. Staff requiring monitoring will be monitored for any disciplinary, changes in normal shift assignment or reassignments. Any staff and or inmate found to perform and/or participate in any form of retaliation would be held accountable for such to include disciplinary actions. There were no inmates placed on retaliation monitoring during the past 12 months prior to the audit. Confirmation of retaliation monitoring was determined through a review of documentation.

## 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

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In accordance with the review of: AR 454 Inmate Sexual Abuse and Sexual Harassment: Form 454-H PREA Post Allegation Protective Custody: Housing Designation Spreadsheet and Interview with the Deputy Commissioner of Women's Facilities and Warden, it was determined Birmingham Community Based Facility meets the mandate of this standard. Birmingham Community Based Facility does not have a Protective Custody housing unit. If an inmate requires segregation or protective custody, they are transferred to Tutwiler Correctional Facility. Tutwiler Correctional Facility has policies and procedures in place to ensure any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of 115.43. There were zero issues in which

Birmingham Community Based Facility required the use of segregated housing to protect an inmate who alleged to have suffer sexual abuse nor have the facility transferred an inmate to Tutwiler Correctional Facility under these circumstances in the past 4 years of the audit.

## 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

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In accordance with a review of SOP 306 Evidence Protocol: AR 454 Inmate Sexual Abuse and Sexual Harassment: OPI 300 Investigations and Intelligence: Interview with I&I Investigator, it was determined Birmingham Community Based Facility meets the mandate of this standard. The I&I Investigator indicated during interview, a uniform evidence protocol is followed during investigations of sexual abuse and sexual harassments. Sexual abuse investigations are conducted by I&I Investigators who have been specially trained in sexual abuse investigation and training documentation was provided to the auditor.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff and a preponderance of evidence is enough to substantiate an investigation. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or Agency does not provide a basis for terminating an investigation.

The investigation is continued when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation of the alleged incident. All investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. An interview with an I&I Investigator, confirmed both administrative and criminal investigations are documented. He confirmed substantiated allegations of conduct that appears to be criminal are referred for prosecution.

The I&I Division retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and per the Records Retention Schedule. The I&I Division is responsible for all administrative investigations involving staff and all criminal investigations. The IPCMs conducts inmate on inmate sexual harassment. The investigative process was articulated by the I&I Investigator and IPCMs.

There were zero allegations under the PREA standards during the past 12 months of the audit. The I&I Investigator indicates each follow a uniform evidence protocol during the investigations of sexual abuse and sexual harassments. Sexual abuse investigations are conducted by an I&I investigator who have been specially trained in sexual abuse investigation and training documentation was provided to the auditor.

## 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.*

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment, the ADOC Agency and Birmingham Community Based Facility meets the mandate of this standard. Policies and procedures are in place to ensure the facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The "preponderance of the evidence" means that more than 50% of the evidence supports the allegation which is determined during administrative investigations. An interview with the I&I Investigator confirmed that criminal cases are referred for possible prosecution when evidence provided is determined to be that beyond a reasonable doubt

## 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.*

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; PREA Status Notification of Investigative Outcome; Sexual Abuse Incident Review and Interviews with I&I Investigators, Warden and IPCMs, Birmingham Community Based Facility meets the mandate of this standard.

Following the I&I investigation into an inmate's allegation that he suffered sexual abuse, the I&I Division shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. All notifications will be in writing and documented and the notifications are delivered to the inmate by the IPCM. A review of the closed investigative file confirmed the inmate was notified of the findings of the investigation and acknowledged his signature as receipt of notification.

An inmate who makes allegations that the sexual abuse was perpetrated by a staff member shall be notified of the status of the staff member in writing by the IPCM to include whether the staff member is no longer posted to the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another inmate, I&I informs the inmate whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility.

## 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.

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; AR 208-39 Disciplinary Sanctions for Sexual Misconduct (Staff) and Incident Report, Birmingham Community Based Facility meets the mandate of this standard. The policies address disciplinary sanctions of employees up to removal for PREA related issues. The Employee Manual provided to all employees, explains the disciplinary process. Staff interviews revealed an awareness of the Agency's zero tolerance policy as it pertains to sexual abuse and sexual harassment.

If the employee has engaged in any conduct related to PREA allegations, they shall be disqualified for promotion. Employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies as detailed in AR 208, Employee Standards of Conduct and Discipline.

## 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

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In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment, Birmingham Community Based Facility meets the mandate of this standard. ADOC has a zero tolerance involving sexual abuse and sexual harassment of inmate by contractors and volunteers. Allegations of sexual abuse or sexual harassment will be referred for investigation to the I&I Division, and agency with the legal authority to conduct administrative and criminal investigations,

An interview with Warden confirmed volunteers and contractors will be prohibited from entry into any Agency facility pending the completion of an investigation of alleged sexual abuse/harassment. Agency policies require all contractors or volunteers, who commit the prohibited act of engaging in sexual abuse, are reported to relevant licensing bodies and law enforcement agencies unless the activity was clearly not criminal. The I&I Division shall refer all substantiated criminal cases to the local District Attorney's office and will be available as requested, to work with those authorities to support criminal prosecution of those cases. One volunteer and two contract staff interviewed were aware of the Agency's policy during the interview process. There were zero volunteers and/or contract staff that required corrective action (discipline) during the past 12 months of the audit.

### 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)

- 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.*

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment: ADOC Female Inmate Handbook: Inmate Discipline Codes; Interviews with Warden and Investigative Staff, it is determined Birmingham Community Based Facility meets the mandate of this standard. The Agency outlines inmate rule violation codes and sanctions that may be imposed on inmates who engage in sexual abuse and sexual harassment. All sexual assault violations are within the high #900 series rule violation.

Sexual harassment is a medium rule violation level of #513 - Harassment. Inmates are subject to discipline internally for inmate on inmate sexual abuse and sexual harassment in which they have been determined to have committed. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff.

Disciplinary action may be taken when an investigation by the IPCMs and/or I&I Investigator determines that an inmate made a false report of sexual abuse or sexual harassment. However, an inmate reporting sexual abuse or sexual harassment shall not be issued a disciplinary report for lying based solely on the fact that their allegations were unfounded or that the inmate later decides to withdraw his or her allegation. Birmingham Community Based Facility did not require or issue any disciplinary action to inmate(s) for inmate on inmate sexual abuse/sexual harassment within the past 12 months of this audit period.

## 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.*

In accordance with review of AR 454, Inmate Sexual Abuse and Harassment; PREA Risk Assessment; PREA Risk Re-Assessment; Mental Health Referrals, Birmingham Community Based Facility meets the mandate of this standard. Interviews with the Intake Staff and IPCMs whom conduct screenings, confirmed if a screening indicates that an inmate previously was a victim, he is referred to medical and mental health and seen within 14 days of the assessment.

The Agency's has directed policies and procedures to ensure any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners or other staff as necessary. The information is used in treatment plans and security and management decisions to include housing, bed assignments, work assignments, education, and programming assignments or as otherwise required by Federal, State, or local law.

Medical and mental health practitioners confirmed during interviews that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Inmates under the age of 18 years old are not assigned at by Birmingham Community Based Facility.

### 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.*

In accordance with a review of AR 454 Inmates Sexual Abuse and Harassment; PREA Coordinated Response Protocol and MOU with Crisis Services of North Alabama, Birmingham Community Based Facility meets the mandates of this standard. 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. Medical and mental health evaluations and treatment shall be offered to all inmates who have been victimized by sexual abuse.

Policies and procedures are in place to ensure compliance in allowing inmates access to emergency medical and mental health services. Policy outlines the procedures staffs are required to implement in providing timely access to medical treatment and crisis intervention services to the degree determined by medical and mental health practitioners based on their professional judgment. The inmate will be provided minor first aid by qualified medical staff at the facility or through Agency contract medical staff in a manner that would not compromise the forensic examination.

All security and non-security staff have received first responder training in taking the preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The inmate will be seen immediately for first aid medical treatment.

The inmate victims of sexual abuse will be offered timely access to sexually transmitted prophylaxis in accordance with medical standards of care that is medically approved. Services of medical and mental health treatment are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

## **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-female facility.)  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-female facility.)  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.*

In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment MOU with Crisis Services of North Alabama, Birmingham Community Based Facility meets the mandate of this standard. Birmingham Community Based Facility has policies and procedures in place to ensure the facility offers medical and mental health evaluation and appropriate treatment to inmates who have been victimized by sexual abuse in a correctional confinement facility. The Agency has an MOU with Crisis Services of North Alabama to provide services to the facility in addition to mental health staff at the facility as well as accessible services available at Tutwiler Correctional Facility.

Interviews with the IPCM, mental health, and medical staff confirmed that the evaluation and treatment of victims include as needed, follow-up service, treatment plans and referral for continued care following their transfer to or placement in other facilities or the victim's release from custody. Victims who report allegations of sexual abuse are provided with medical and mental health services consistent with the community level care.

The inmate victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. All treatment of services in regards to the sexual abuse occurring at Birmingham Community Based Facility will be without cost to the victims. This includes whether or not the victim identifies his abuser or refuses to cooperate with any investigation that may arise out of the incident. An attempt shall be made to conduct a mental health evaluation of known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment.

## 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 IPCM?  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.*

In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment and PREA Sexual Abuse Incident Review; Incident Review Meeting Form; Interviews with the ADOC PREA Director and Warden and IPCM, Birmingham Community Based Facility meets the mandate of this standard. ADOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of

every sexual abuse investigations unless the allegation is determined to be unfounded. An interview with the Warden indicated the facility would implement recommendations resulting from the review or document the reasons for not making the implementations. There were no sexual abuse allegations reported at Birmingham Community Based Facility that required an incident review meeting to be held within the past 12 months of the audit process.

## 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.*

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; PREA Annual Report, and Survey of Sexual Violence (SSV) survey, Birmingham Community Based Facility meets the mandate of this standard. The ADOC Agency collects accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. The data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. ADOC reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The ADOC does not contract its inmates to other facilities. ADOC provides all data from the previous calendar year to the Department of Justice upon request.

## 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.*

In accordance with a review of the ADOC Agency Website and PREA Annual Report, the ADOC Agency meets the mandate of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The ADOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.alabama.gov>.

### 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.*

In accordance with a review of ADOC PREA Annual Report; ADOC PREA Website, Birmingham Community Based Facility and the ADOC Agency meets the mandate of this standard. ADOC policies require the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual

abuse. The referenced data shall be retained securely for ten (10) years. Criminal and administrative investigation records shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the ADOC website at <http://www.doc.alabama.gov> for review by the public.

## 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, inmates, 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.*

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. The Agency began conducting the second audit cycle in 2017. There were 9 facilities audited during 2017 which was a third of their correctional facilities. During 2018, which is the second year of the Agency's audit cycle, 15 facilities have been audited thus far, which exceeds more than the required one third of the Agency's facilities. However, the final report is pending completion for some of these facilities.

The PREA auditing team was given access and the opportunity to tour and visit all areas of the facility, and was provided offices that ensured privacy in conducting interviews with inmates and staff. An interview with staff assigned to monitor offender's mail, confirmed inmates were permitted to send confidential information or correspondence to the auditor as all outgoing mail is sealed. The auditors did not receive any correspondence from the inmate population.

## Standard 115.403; Audit contents and findings

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

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The ADOC website, [www.doc.state.al.us/prea](http://www.doc.state.al.us/prea), confirms that the agency ensures that the auditor's final report is published on the state website. The ADOC PREA website confirmed PREA audits were completed at 15 Alabama Correctional Facilities and 13 Work Centers in 2016, a total of 19 PREA audits were conducted in 2017, and a total of 13 PREA audits have been completed as of this final report, consisting of 5 Alabama Correctional Facilities and 8 Work Centers. The ADOC has district offices in four different regions with the most recent audit appearing on the website in 2017. A review of the final audit date and posting of the reports confirm all was posted well within the 90-day requirement. ADOC meets the mandate of this standard.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

*Debra Dawson*

*November 16, 2018*

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here; <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.