

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: September 2, 2016

Auditor Information			
Auditor name: Robert Lanier			
Address: Diversified Correctional Services. LLC, Blackshear, Ga, 31516			
Email: rob@diversified correctionalservices.com			
Telephone number: 9122811525			
Date of facility visit: August 1, 2016			
Facility Information			
Facility name: Bullock Correctional Facility			
Facility physical address: 104 Bullock Drive Union Springs, Alabama, 36089			
Facility mailing address: (if different from above) P.O. Box 5107 Union Springs, Alabama 36089			
Facility telephone number: 334-738-5625			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Derrick Carter			
Number of staff assigned to the facility in the last 12 months: Click here to enter text.			
Designed facility capacity: 1609			
Current population of facility: 1541			
Facility security levels/inmate custody levels: Medium, Minimum Out, Minimum In, Community, Medium 5, and Close			
Age range of the population: 18-90			
Name of PREA Compliance Manager: Dominic Whitley		Title: IPCM	
Email address: dominic.whitley@doc.alabama.gov		Telephone number: 334-738-5625 EXT-630	
Agency Information			
Name of agency: Alabama Department of Corrections			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 301 South Ripley Street, Montgomery, Alabama, 36130			
Mailing address: (if different from above) P.O. Box 301501			
Telephone number: 334-353-3883			
Agency Chief Executive Officer			
Name: Jefferson Dunn		Title: Commissioner	
Email address: Jefferson.dunn@doc.alabama.gov		Telephone number: 334-353-3870	
Agency-Wide PREA Coordinator			
Name: Christy Vincent		Title: PREA Director	
Email address: christy.vincent@doc.alabama.gov		Telephone number: 334-353-2501	

AUDIT FINDINGS

NARRATIVE

The PREA Audit of the Bullock Correctional Facility was conducted on August 1st 2016. Prior to the on-site audit, the auditor forwarded a Notice of PREA Audit to the Alabama Department of Corrections PRE Director on March 9, 2016 for posting. The auditor requested that Notices of PREA Audit be posted in areas of the prison, accessible to staff, inmates, contractors, volunteers and visitors. The Pre-Audit Questionnaire, Alabama Department of Corrections Policies and other supporting documentation was uploaded and accessible to the auditor for review.

A decision was made during the Request for Proposals process to propose a “team approach” to auditing a facility of this size. The team consisted of three members. One auditor would be utilized participate in the tour of the entire facility and to review each standard and documentation to support each standard. Another auditor was assigned to interview inmates while the other auditor interviewed staff.

The audit team entered Bullock Correctional Facility at 5:00 AM and met with the Facility PREA Compliance Manager and discussed the audit process. The lead auditor explained the systematic team approach and philosophy of Diversified Correctional Services and described each team member’s area of responsibility. The Lead auditor explained that he would conduct staff interviews. One associate team member would conduct offender’s interviews. The third team member was assigned the responsibility for conducting the facility tour and the review of facility documentation to validate PREA compliance standard-by-standard with the assistance of the Facility PREA Compliance Manager.

During the pre-audit briefing the PREA Compliance Manager was asked whether any staff or offenders had requested, either orally or in writing, to speak to the audit team. The lead auditor advised Bullock Correctional Facility management that Diversified Correctional Services did not received any letter from an offender or staff.

The PREA Compliance Manager was asked whether there was anything the audit team needed to be aware of that had occurred or was occurring that could jeopardize the PREA audit. The PREA Compliance Manager stated that there were staff shortages on this date and he did not think he could relieve officers off post for interviews. The second shift expressed concern that there was an unrest among the inmates and the facility was currently on “lock down”. The Mental Health Unit was not on lock down. A discussion of what could be accomplished in keeping with the needs of the facility for security occurred. Around 6:29 AM. the lead Auditor contacted the Warden who related that he intended for the audit to continue and take place as scheduled.

The lead auditor expressed the appreciation of Diversified Correctional Services for the opportunity to work with the Draper Correctional Facility. The audit schedule and the logistics of conducting the tour and conducting interviews were discussed.

Diversified Correctional Services identified specific facility documents that were needed to validate Bullock’s compliance with the PREA standards. Documents provided by Bullock at the pre-audit briefing included: a list of staff, including specialized staff; a list of volunteers and contractors; offenders reporting sexual assault at the facility and those reporting prior victimization; copies of unannounced rounds.

The auditor conducted the facility tour with the Warden and Facility PREA Compliance Manager and toured the entire facility, to include:

1. Administration
2. Gym
3. Healthcare
4. Segregation
5. Social Services
6. Dormitories C1 – C4
7. Dormitories K1 –K7
8. Dormitories D1& D2
9. Dormitories J1 & J2

10. Dormitories E1 & E2
11. Dormitories I 1 & I2
12. Kitchen
13. Laundry
14. Dormitories F1 & F2
15. Dormitories G1 & G2
16. Chapel
17. Mental Health Complex

All dorms are open bay with a post in the front entrance. From the post the officer can see all of the beds, showers, toilets and sinks. The showers were open to view to include cross gender viewing. The facility had one dorm with the PREA Friendly Shower Curtains as examples of what all showers in each dorm will look like. Views of inmates on the toilets are obscured by half walls in all of the units except the Mental Health Unit. Corrective action was discussed and the facility agreed to install and use PREA Friendly Shower Curtains to block the views of cross gender staff.

Facility staff members responded to the auditor's questions concerning facility operations and practices. During the tour, the auditor evaluated the PREA processes and systems at the facility.

The tour revealed that Living Units had the required PREA information posted. There were phones in all living areas. There were medical, counseling, PREA Compliance and Warden Drop boxes in the main movement hallway for inmates to drop alleged PREA issues.

DESCRIPTION OF FACILITY CHARACTERISTICS

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

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

Programs and treatment protocols include:

1. Intermediate and Intensive Mental Health,
2. Substance Abuse Treatment,
3. Adult basic Education Programs
4. Daily Religious Programs
5. Comprehensive Medical Health Care
6. Mental Health
7. Medical
8. Dental Care
9. Free-World Specialty Services

SUMMARY OF AUDIT FINDINGS

The audit process consisted of reviewing the flash drive containing ADOC Policies and documentation supporting compliance. Where additional documentation was needed they were requested prior to the on-site audit. The PREA Compliance Manager attended to requests expeditiously and was helpful. Additionally, the auditors interviewed random samples from each living unit and staff from all shifts. Specialized staff were interviewed as well. Observations were made during the tour of the entire facility as well as throughout the audit. Informal conversations were conducted throughout the day as well. Each standard was reviewed and determinations for ratings were based on the verbiage of the standard and any documentation provided and reviewed, interviews conducted, both formal and informal, as well as observations made.

At the conclusion of the on-site audit, the audit team conducted an exit debriefing with the Warden and the PREA Compliance Manager. The following concerns were discussed:

1. 115.13 – Supervision and Monitoring.

The facility does not have video monitoring. There were 87 blind spots identified. (See the specific standard for the corrective action)

2. 115.15 – Limits to Cross Gender Viewing and Searches.

The facility showers and areas where the inmates perform bodily function are do not prohibit staff viewing. (See the specific standard for the corrective action)

3. 115.16 – Inmates with disabilities and inmates who are limited English Proficient.

According to PRE- Audit Questionnaire (PAQ) and staff interviews, the facility has used inmates as interpreters. (See the specific standard for the corrective action)

4. 115.34 – Specialized Training: Investigations

The facility PREA Compliance Manager services as the facility Administrative Investigator, however, the investigator has not completed the required training. (See the specific standard for the corrective action)

5. 115.41 – Screening for Risk of Victimization and Abusiveness

The facility needs a process for determining housing assignments that ensure inmates who are transferred in during weekends, holidays and after normal business are protected from potential predators. (See the specific standard for the corrective action)

6. 115.42 – Use of Screening Information

According to interviews with the staff the PREA Risk Screening are being completed, however, no one is using the PREA screening information to place inmates in Dorms or beds. (See the specific standard for the corrective action)

7. 115.67 (a) and (c) – Agency Protection against Retaliation

There are four incidents that should have been monitored and the required documentation completed. (See the specific standard for the corrective action)

8. 115.81 (a) – Medical and Mental Health Screening: History of Sexual Abuse

Inmate follow-up meetings were offered within 14 days of the intake screening. Staff interviews revealed that they are not following up on the prior sexual victimization. (See the specific standard for the corrective action)

9. 115.86 (a) – Sexual Abuse Incident Reviews

The facility does not conduct sexual abuse incident reviews at the conclusion of every criminal or administrative sexual abuse investigation, using the requirements in the standards. (See the specific standard for the corrective action)

The audit team discussed the preliminary findings and discussed questions or concerns the administration and staff might have. The lead auditor also expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the work they have done and encouraged them to continue the work they are doing to ensure sexual
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safety for their offenders.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

The State of Alabama Department of Corrections (ADOC) Policy 454, Inmate Sexual and Harassment - PREA, and the Bullock Correctional Facility require a Zero Tolerance for all forms of sexual abuse and sexual harassment. Policy also describes the agency's response to preventing, detecting, responding to and reporting all allegations of sexual abuse or sexual harassment. PREA definitions were provided in the reviewed ADOC documentation. Zero Tolerance is communicated to inmates during orientation and through continued education, in ADOC documents listed in standard 115.33.

ADOC and BULLOCK CORRECTIONAL FACILITY Policies require that staff are trained on the Zero Tolerance Policy during new employee orientation and in their annual training. The facility provided a sample of 76 PREA Acknowledgment Statements indicating that inmates are made aware of and understand the agency's zero tolerance for all forms of sexual activity. Inmate acknowledgments were also provided documenting they were provided information on the zero tolerance policy. Interviews with staff and inmates confirmed they all are aware that this facility has a zero tolerance for all forms of sexual activity, including sexual abuse, sexual misconduct, sexual harassment and retaliation for reporting it or for cooperating with investigations. This information is also continuously kept before inmates through posters as well.

ADOC has demonstrated its commitment to PREA by designating an upper-level, agency-wide PREA Coordinator and requires each facility to designate a Facility PREA Compliance Manager, with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards within the facility. The facility provided a memo appointing an institutional PREA Compliance Manager. This position is documented on the Bullock Correctional Facility Organizational Chart signed by the Warden and dated March 21, 2016. The facility organizational chart identifies the Facility PREA Compliance as reporting to the Warden. Interviews with the Warden and the PREA Compliance Manager indicated that the PREA Compliance Manager has recently been appointed however he has the complete support of the Warden in implementing PREA and an interview with the PREA Compliance Manager confirmed he makes time to perform his duties.

Documentation Reviewed:

- ✓ Alabama Department of Correction Policy (ADOC) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ ADOC – Administrative Regulation (AR) 002 – Organization and Objectives
- ✓ Memo from Warden: Appointing PREA Compliance Manager (August 2, 2016)
- ✓ Bullock Organization Chart
- ✓ Alabama Department of Corrections Organization Chart: December 16, 2015
- ✓ Inmate Handbook

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The Alabama Department of Corrections, Policy 454, Inmate Sexual Abuse and Harassment – PREA; Zero Tolerance for Sexual Abuse and Sexual Harassment, requires that when contracts are prepared with agencies and organizations to house offenders for the Department, a provision must be included to ensure that the agency/organization maintains zero tolerance for sexual abuse and sexual harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment. The Pre-Audit Questionnaire (PAQ) and interviews indicated that the facility does not have any contracts for the confinement of offenders that the facility entered into with private entities or other government agencies on or after August 20, 2012.

The Alabama Department of Corrections has one contract for the confinement of offenders and it contained requirements that the contractor adopt and comply with all of the DOJ PREA Standards and also that they will allow the Alabama Department of Corrections to monitor compliance.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOC) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Intergovernmental Agreement for Housing of Inmates and Talladega County Commission (June 9, 2014)

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Staffing at the Bullock Correctional Facility is predicated upon the current Facility capacity of 1551 beds. The facility makes its best efforts to comply on a regular basis with the presented staffing pattern that provides for adequate levels of staffing

to protect inmates against abuse. The PREA Compliance Manager indicated that the facility operates on two shifts, 6AM-6PM and 6PM to 6AM and that the minimum staffing for the shifts is 16 for the day shift and 14 for the night shift. The Warden, in discussing the staffing plan stated he requires two people around the “cube” and at least one officer on the floor with two supervisors on the shifts. He related he reviews the staffing rosters daily and if needed he shuts down a post and documents when the post was inactive and when it was reactivated. When asked if the staffing was adequate for his facility he related that through the use of comp time and overtime he is able to maintain adequate staffing. Policy requires each time the staffing pattern is not complied with, the facility documents and justifies.

The facility does not have any video cameras for monitoring and 87 blind spots were identified. The facility already had identified blind spots and had ordered mirrors to help mitigate viewing however the mirrors that arrived were the incorrect sizes. The facility has since begun the installations of mirrors and provided the auditors photos of locations where these were installed.

Unannounced rounds are documented with the use of an attachment entitled “Unannounced PREA Round”. Upper management from Sergeants up to and including Warden make unannounced PREA rounds. When conducting unannounced rounds staff indicated that they look into each room and check doors to make sure they are locked during rounds. Policy prohibits staff from alerting other staff when unannounced rounds are conducted.

Interviews with shift commanders and upper level management including the PREA Compliance Manager indicated that Shift Commanders are required to do an unannounced PREA Round per shift and document it. This includes, according to staff, in addition to checking doors and areas to deter sexual activity, checking one phone to ensure that inmates have access to the hotlines via operative phones. The PREA Compliance Manager indicated that he might come in two Saturdays a month for unannounced PREA Rounds. He related he can tell if staff are alerting anyone because of the ear piece radios he wears. The Warden likewise conducts unannounced rounds and stays late to conduct them in targeted areas and at times will just come in at 2AM to walk through the facility conducting a PREA round.

PREA Standard 115.13(a) requires the following: – The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. The facility does not have a video monitoring system. There were 87 blind spots identified.

Corrective Action: The Facility has ordered safety mirrors to eliminate blinds spots. The Facility PREA Compliance Manager has placed red x’s on a schematic to identify the locations where the safety mirrors will be located to eliminate the identified blind spots.

Response: The facility provided multiple photos of mirrors that have been installed in the facility to eliminate and mitigate viewing. These photos were provided on August 30, 2016.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOC) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Bullock Correctional Facility Standard Operating Procedure (SOP) – Staffing Plan Deviations Log
- ✓ Bullock Staffing Plan
- ✓ Corizon Staff Roster (March 18, 2016)
- ✓ Classification Schedule (5/10/2016)
- ✓ Kitchen Steward and Cooks Work Schedule
- ✓ Population Reports
- ✓ Bullock Correctional Facility Institutional Bed Capacity Sheet
- ✓ Security Count for Bullock
- ✓ Division Manning Post Roster
- ✓ Unannounced PREA Round Completed Sheets

- ✓ Count Sheets
- ✓ Shift Commander PREA Check Report
- ✓ Alabama Department of Corrections Vulnerable Assessment Form (completed)

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Corrections and Bullock Correctional Facility policy provide guidelines for the management of youthful inmates. Youthful inmates are not housed in this facility. The IPCM with a Memo thru the Warden confirmed that Bullock Correctional Facility does not house youthful inmates. The ADOC has identified the Draper Correctional Facility as the facility with the capability to house youthful offenders with sight and sound separation from adult inmates. The auditors observed the youthful inmate housing unit at Draper during and earlier PREA Audit. No youthful offenders/inmates were observed in the facility and interviews with the Warden, PREA Compliance Manager and additional staff confirmed that there are no youth inmates housed at this facility.

Documentation Reviewed:

- ✓ Warden Memo: Youthful Inmates (August 2, 2016)
- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Statement of Non-Occurrence/Non Applicability – Youthful Inmates (May 18, 2016)

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA, Gender Viewing and Searches, prohibits Bullock Correctional Facility from conducting cross-gender strip or cross-gender visual body cavity searches of inmates except in emergency situations or when performed by medical personnel. According to PRE-Audit Questionnaire (PAQ) and confirmed through staff and inmate interviews, during the audit period, there were no cross-gender strip or cross-gender visual body cavity searches. Additionally, the IPCM thru the Warden provided a memorandum dated August 2, 2016, confirming that in the past 12 months there have been no instances where a female staff has conducted a cross-gender strip search or visual search. Opposite gender pat searches require that when a staff member determines that exigent circumstances exist, a pat search of an inmate is necessary, and a staff member of the opposite gender is not available, staff is required to securely escort the inmate to an area where a same gender staff member is available or relievable, to conduct the pat search.

Interviews with staff indicated that about half stated that females would be allowed to conduct cross-gender pat searches. Interviews and a memo from the IPCM thru the Warden did confirm that female staff had been trained to conduct cross-gender pat searches. Interviewed female staff stated they were trained however they stated they had not done any. The IPCM forwarded a memo confirming that there have been no cross-gender pat searches in the past 12 months. An additional memo provided by the PREA Compliance Manager stated that female staff do not conduct cross gender pat search absent an emergency.

Policy also requires the facility to implement procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia.

115.15 (d) the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions without nonmedical staff of the opposite gender viewing. The facility showers and area where the inmates perform bodily functions are open for all staff viewing.

Corrective Action: The facility will install PREA friendly shower curtains on all showers that provide a view of the inmate's upper body (shoulder and head) and lower body (knees to feet) while the middle of the curtain prevents viewing of the inmate's mid-sections. Additionally, the Mental Health Unit showers and toilet areas are visible from the raised security station. The facility agreed to install curtains to prevent this viewing.

Response: On August 25, 2016 the facility provided photos of the newly installed shower curtains in the regular population. On August 30, 2016, the facility provided photos indicating the shower curtains in the mental health unit have now been installed.

The facility prohibits staff from searching or physically examining a transgender or intersex inmates for the sole purpose of determine the inmate's genital status. The PAQ and interviews with staff indicated that no searches occurred during the audit period.

Reviewed ADOC and the BULLOCK CORRECTIONAL FACILITY Policy and provided documentation require officers of the opposite gender to announce their presence on the housing unit. This was confirmed by interviews with staff and inmates.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOC) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ ADOC – Administrative Regulation (AR) 336 – Searches
- ✓ Employee Unclothed Searches Authorization Form
- ✓ Visitor Unclothed Search Authorization Form
- ✓ Bullock Standard Operating Procedure 15-004 – Limits to Cross Gender Viewing and Searches (Knock and Announce)
- ✓ Memo: Past 12 months no cross-gender strip or visual searches
- ✓ ADCO Classification PREA Risk Factor Part 1&2

- ✓ Regional Training Record 2015
- ✓ PREA/LGBTI Sign-In Sheet
- ✓ Statement of Non Occurrence/Non-Applicability (May 12, 2016)

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Corrections Policy requires that the Bullock Correctional Facility establish procedures to provide disabled inmates equal opportunity to participate in and benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Bullock Correctional Facility local policy ensures that inmates who are admitted with limited English proficiencies are provided information related to PREA, including the Zero Tolerance Policy and How to Report.

The Facility PAQ indicated that the use of inmate interpreters, inmate readers, or other types of inmate assistants is limited except in limited circumstances where an extended delay would jeopardize an offender’s safety and well- being is prohibited.

Documentation was provided to confirm that access to interpretation is not only provided by the Alabama Institute for the Deaf and Blind but all Institutional PREA Compliance Managers have access to Google translation services through the internet. This process was established by the Agency’ PREA Director in an email sent to all ICPMs May 10, 2016 advising the ICPMS that ADOC has allowed them to download Google Chrome for the use of your mics with Good Translation. Instructions for accessing this services were provided. With Google translation services and the use of microphone IPCM’s have instant access to interpretation services in emergency situations.

Although the facility has measures in place to provide interpretive services, staff consistently, in their interviews, related they would use an inmate interpreter and were unaware of any outside interpretive services available to them.

115.16 (c) – 1 Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first- response duties, or the investigation of the inmates’ allegations.

Staff, in interviews, consistently related they would use an inmate interpreter and were unaware of any outside interpretive services available to them.

Corrective Actions: The facility will release a directive to all staff stating that inmates will not use other inmates as interpreters.

The Auditor received the correction actions documentation on August 15, 2016. This memo from the IPCM thru the Warden to the facility's shift supervisors was to inform staff that Bullock Correctional Facility prohibits use of inmate interpreters, inmate readers or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. It goes on to state that Bullock Correctional Facility uses Google Translation for Limited English Proficient inmates and use AIDB for deaf and blind inmates.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Inmate Awareness Acknowledgement
- ✓ Hoe to Report (Flyer)
- ✓ Statement of Non-Occurrence/Non Applicability
- ✓ Memo: Inmate Education
- ✓ Alabama Institute for Deaf and Blind Regional Center
- ✓ ADOC PREA General Information Flyer
- ✓ Memo: IPCM Interpretation Services - Google Translate Services (March 24, 2016) <https://translate.google.com/>
 - Translate Written Words
 - Tap to Translate
 - Translate by Speech
 - Translate Images
 - Translate a Bilingual Conversation
 - Translate Text Messages, Webpages, or Documents
 - Translate Words and Phrases by Handwriting

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Summary:

The Alabama Department of Corrections and the Bullock Correctional Facility Policy prohibits hiring or promoting anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who have contact with inmate, who engaged in sexual abuse, has been convicted of engaging or attempting to engage in sexual activity or has been civilly or administratively adjudicated to have engaged in the sexual abuse activities.

The Human Resource Staff explained the process of how the facility considers prior incidents of sexual harassment when determining whether to hire or promote.

State policy requires the facility, before it hires any new employees who may have contact with offenders, complete a PREA Audit Report

criminal background record check consistent with Federal, State, and local law, and makes 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 sexual abuse before hiring. Policy also requires that either criminal background records checks be completed on current employees every 5 years If an employee omits material information regarding sexual misconduct or provides materially false information the agency will consider that as grounds for termination.

The Agency's Human Resource Manager described the background check process and indicated that all newly hired employees undergo documented background checks and that I & I conducts background checks of volunteers and contractors. Sampled documentation was provided to indicate that newly employed staff and promoted staff are receiving background checks. Additionally, a sample was provided documenting 5-year background checks as well.

Documentation Reviewed:

- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ ADOC – Administrative Regulation (AR) 216 – Background Investigations
- ✓ Waiver and Authorization to Release Information
- ✓ Letter to All Applicants: Prison Rape Elimination Act (PREA) Compliance
- ✓ Personal Information Sheet
- ✓ CRBC Master Log (Form)
- ✓ GCIC/NCIC Content Form
- ✓ Application/Pre-Employment Questionnaire
- ✓ Staff Background Checks
- ✓ Background Checks/Refer to HR in Montgomery for Personnel Records

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

The Alabama Department of Corrections requires that the facility, when making a substantial expansion or modification to the existing facility, includes installed or updated video monitoring systems, electronic surveillance system, or other monitoring technology to be PREA compliant. Bullock Correctional Facility has not had any expansions or modifications to the facility within the last 12 months. An interview with the PREA Compliance Manager and the Warden indicated that they have identified numerous blind spots in the facility and that these issues and the impact of modifications or additions to the facility, including adding video monitoring, would definitely be considered in any modifications and that they would be involved in determining the locations of cameras as well as how any modifications or additions to the facility would impact the facility's ability to keep inmates safe.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Bullock Correctional Facility Standard Operating Procedure (SOP) – Staffing Plan
- ✓ Surveillance System Schematic (Blueprint/Layout of Facility)
- ✓ Statement of Non-Occurrence/Non Applicability (May 18, 2016)

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The Bullock Correctional Facility is responsible for conducting administrative investigations of allegations of inmate on inmate sexual harassment. The ADOC Investigations and Intelligence Unit is responsible for conducting sexual abuse investigations including inmate-on-inmates sexual abuse or staff sexual misconduct. In conducting the investigation, investigators arrange and conduct victim, suspect and witness interviews and perform all other duties normally associated with their respective duties. Where applicable, they notify the local police department and Alabama Department of Corrections.

The agency and facility’s Investigator conduct the investigations of the incidents. They also use a uniform evidence protocol when conducting sexual abuse investigations. The protocol adopted is similarly comprehensive and authoritative. The protocols used are national best practices in training sexual abuse investigators. The facility’s PREA Compliance Manager has completed the National Institute of Corrections on-line course entitled, “PREA: Investigating Sexual Abuse in a Confinement Setting”.

Alabama Department of Corrections Policy and the facility offer inmates victims of sexual abuse access to forensic medical examinations. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Forensic medical examinations are offered without financial cost to the victim or victim’s family. The auditor reviewed three incidents in which the inmates were provided forensic exams by the by the Sexual Assault Nurse Examiners.

The facility contacts I&I for copies of the closed incident reports. The information the facility and forward to the auditor was the cases were exceptionally cleared of PREA due to lack of prosecution. I&I informed the facility that no summaries will be provided for the following cases:

1. Incident: BCF-16-01684 Date of the incident 6/22/2016
2. Incident: BCF-16-01673 Date of the incident 6/20/2016
3. Incident: BCF-16-01533 Date of the incident 6/1/2016

4. Incident: BCF-16-01333 Date of the incident 5/9/2016

Below is a list of Sexual Assault that is still pending as of August 11, 2016:

1. Incident: BCF-16-01587 Date of the incident 6/9/2016
2. Incident: BCF-16-01682 Date of the incident 6/21/2016
3. Incident: BCF-16-01432 Date of the incident 5/21/2016
4. Incident: BCF-16-01932 Date of the incident 7/26/2016
5. Incident: BCF-16-01946 Date of the incident 7/28/2016

If requested by the victim, a victim advocate, or qualified facility staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

Documentation Reviewed:

- ✓ SANE/Rape Kit Incident Report – BCF 16-00483
- ✓ SANE/Rape Kit Incident Report – BCF 15-03569
- ✓ SANE/rape Kit Incident Report – BCF 16-01682
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ MOU between Alabama Department of Correction and Lighthouse Counseling Center, Inc. “Standing Together Against Rape” Program July 2010 / to include SANE
- ✓ Bullock Correctional Facility Standard Operating Procedure (SOP) – 306, Investigations and Intelligence Division Evidence and Contraband
- ✓ Evidence Form (Incident Report #)
- ✓ Alabama Department of Corrections Seized Currency Form
- ✓ Evidence/Property Inventory
- ✓ Evidence Disposal Form
- ✓ Condemnation Request Form
- ✓ Goals of the National Protocol for Sexual Assault Medical Forensic Examinations
- ✓ Coordinated Team Approach
- ✓ Certificate: Testing/Training for Criminal Justice Personnel
- ✓ Certificate: Polygraph Techniques and Practices
- ✓ Certificate: Crime Scene Investigation-Montgomery
- ✓ NIC Certificate: PREA Investigating Sexual Abuse in a Confinement Setting (Facility PREA Compliance Manager)
- ✓ NIC Certificate: PREA- Your Role Responding to Sexual Abuse from I&S
- ✓ Statement of Non Occurrence/Non Applicability (May 20, 2016)
- ✓ Alabama Coalition Against Rape Training Roster: Working with Correctional Facilities to Provide Services to Incarcerated Sexual Assault Victims
- ✓ SANE Centers/Rape Crisis Centers Regional List
 - Family Services of North Alabama
 - Lifelines Family Counseling Center of Mobile
 - Lighthouse Counseling Center, Inc./STAR
 - Mental Health Associate in Morgan County
 - Rape Counselors of East Alabama, Inc.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Corrections Policy requires all facilities to ensure that allegations of sexual abuse or sexual harassment are referred for investigation. The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Alabama Department of Corrections Policy requires “a prompt, thorough and objective investigation of sexual abuse and/or sexual harassment”. The Bullock Correctional Facility investigators conduct the administrative investigations related to inmate on inmate sexual harassment. Other cases are reported to the ADOC Investigations and Intelligence Unit. Once the Internal Investigations and Intelligence (I & I) investigator completes the investigation, the outcome will be submitted to the Assistant I & I Director. The Assistant I & I Director will submit the case to the appropriated District Attorney’s office, if applicable, for criminal prosecution. A previous interview with the ADOC Assistant Director of I&I confirmed the investigative process and the qualifications of his investigators. He related that an investigation would commence immediately upon receiving a report regardless of when the report is received.

The facility contacts I&I for copies of the closed incident reports. The information the facility and forward to the auditor was the cases were exceptionally cleared of PREA due to lack of prosecution. I&I informed the facility that no summaries will be provided for the following cases:

1. Incident: BCF-16-01684 Date of the incident 6/22/2016
2. Incident: BCF-16-01673 Date of the incident 6/20/2016
3. Incident: BCF-16-01533 Date of the incident 6/1/2016
4. Incident: BCF-16-01333 Date of the incident 5/9/2016

Below is a list of Sexual Assault that is still pending as of August 11, 2016:

5. Incident: BCF-16-01587 Date of the incident 6/9/2016
6. Incident: BCF-16-01682 Date of the incident 6/21/2016
7. Incident: BCF-16-01432 Date of the incident 5/21/2016
8. Incident: BCF-16-01932 Date of the incident 7/26/2016
9. Incident: BCF-16-01946 Date of the incident 7/28/2016

Documentation Reviewed:

- ✓ SANE/Rape Kit Incident Report – BCF 16-00483
- ✓ SANE/Rape Kit Incident Report – BCF 15-03569
- ✓ SANE/rape Kit Incident Report – BCF 16-01682
- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ ADOC – Administrative Regulation (AR) 300 –
- ✓ Internal Investigations Distribution List

- ✓ ADOC Investigations and Intelligence Division Report Distribution List
- ✓ Consent for Sexual Assault Examination
- ✓ Inmate Body Chart Documentation
- ✓ Inmate Statements
- ✓ Staff Statements
- ✓ Inmate Living Agreement

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Sexual Abuse Prevention, and BULLOCK CORRECTIONAL FACILITY Staff Orientation and Training, requires that employees receive training through new employee orientation and through annual in-service training. Department of Corrections Policies requires the Bullock Correctional Facility to train all employees who may have contact with inmates on 11 different topics identified in the PREA Standards.

Between trainings the facility provides employees with refresher information in their yearly in-service. This training includes current policies regarding sexual abuse and harassment.

Documentation indicated that staff currently employed, were trained or retrained on the PREA requirements. The facility provided a sample of Staff Receipt of Training “What Staff Should Know about Sexual Misconduct with Inmates” training rosters indicating staff were trained in the Department Policy Sexual Abuse Prevention and understood the PREA Training that they received. Interviews with staff indicated that they had been trained in PREA and PREA related topics. Staff were knowledgeable of the facility’s Zero Tolerance Policy, the signs and symptoms of victims, responsibility for reporting verbally immediately followed by a written report prior to the end of the shift, actions to take as first responders as well as staff/agencies responsible for conducting investigations.

Documentation Reviewed:

- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Statement of Non Occurrence/Non Applicability
- ✓ Annual In-Service Training 2015
- ✓ IPCM PREA Audit Training
- ✓ Mental Health Service Agreement
- ✓ Medical Services Agreement
- ✓ Letter to All Supervisors: PREA Employee Pamphlet
- ✓ Pamphlet: What Staff Should Know About Sexual Misconduct with Inmates
- ✓ Bullock Training Center: Regional Training Record for 2015

- ✓ PREA/LGBTI Sign-In Sheet (July 13, 2015)
- ✓ PREA Exam

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

The facility has a policy and procedure requiring that volunteers and contractors who have contact with offenders have been trained on their responsibilities for sexual abuse and sexual harassment prevention, detection, and response. The facility provided Documentation confirming that the volunteers and contractors understand the training they received.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ PREA Training for Contractors
- ✓ Mental Health Service Agreement
- ✓ Medical Services Agreement
- ✓ MOU between Alabama Department of Corrections and Alabama Department of Rehabilitation (November 2011)
PREA Sign-In-Sheet
- ✓ Gender Responsive Training

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA, requires that inmates are provided oral and written information regarding the following: the Zero Tolerance Policy for any sexual conduct, prevention and intervention, self-protection, reporting sexual conduct including abuse and/or assault and treatment and counseling available to offenders who are victims of sexual assault. Policy requires that this information is provided in a manner easily understandable for offenders. Offenders are required to receive the brochure created by the Department advising the offender of the potential dangers of sexual conduct and the Department’s Zero Tolerance for such behavior. The offenders at Bullock Correctional Facility receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake.

The facility requires inmates who are transferred from one facility to another receive PREA education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for responding to incidents.

The facility maintains Documentation of inmate’s participation in PREA education sessions by having the offenders complete the sessions and the counselor documents the training by entering it into the system. Samples of acknowledgment forms were provided. This form entitled, “ADOC PREA General Information” acknowledges the Zero Tolerance Policy, prohibited activities, how to report, a statement that all claims of sexual harassment and sexual assault will be investigated, that a statement of findings will be investigated and the fact the criminal charges will be pursued if applicable. The facility also ensures that relevant information about PREA is continuously and readily available or visible through posters, and inmate handbook. Interviewed inmates were knowledgeable of the Zero Tolerance Policy and how to report.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Inmate Handbook
- ✓ Posters
- ✓ ADCOC PREA General Information (92 Reviewed) “Zero Tolerance Policy” and Reporting
- ✓ Inmate Awareness Acknowledgement (92 Reviewed)
- ✓ Pamphlet: What you should know about Sexual Abuse & Sexual Assault
- ✓ Memo: Inmate Education
- ✓ Alabama Institute for Deaf and Blind Pamphlet

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Corrections Policy requires that the Bullock Correctional Facility's Investigators are trained in conducting sexual abuse investigations in confinement settings. At the time of the audit, the ICPM had just recently been appointed had not yet completed the Specialized Training for Investigators. Interviews with the ADOC I&I Deputy Director indicated that all of his staff have completed the specialized training. Topics required in the specialized training for investigators includes, Techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, criteria and evidence required to substantiate a case for administrative actions and criteria and evidence to refer a case for prosecution.

The investigator's training also included general training provided to all employees pursuant to 115.31. Training Documentation was provided.

115.34 (a) -1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The facility PREA Compliance Manager services as the facility Administrative Investigator, however, the investigator has not completed the required training.

Corrective Action: The facility PREA Administrative Investigator will complete the NIC on line training title, PREA: Investigating Sexual Abuse in a Confinement Setting as the specialized Training for Investigations.

The ICPM provided a copy of his certificate of training to confirm he has successfully completed the NIC On-Line Specialized Training. The auditor received the correction actions documentation on August 4, 2016.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ NIC PREA: Investigating Sexual Abuse in A Confinement Setting for I&I
- ✓ Statement of Non Occurrence/Non Applicability (April 21, 2016)
- ✓ Certificate: Rapid Response to Active Shooter Training
- ✓ Certificate: Polygraph Techniques and Practices
- ✓ Certificate: Legal Updates Seminar
- ✓ Certificate: Testing/Training for Criminal Justice Personnel
- ✓ Certificate: Polygraph Techniques and Practices
- ✓ Certificate: Crime Scene Investigation-Montgomery for I&I
- ✓ NIC Certificate: PREA- Your Role Responding to Sexual Abuse for I&I

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

The facility has a policy related to the training of medical and mental health practitioners who work regularly with the inmates. The medical staff at the facility is contract employees and do not conduct forensic medical exams. The facility provided Documentation showing that medical practitioners have completed the required training. An interview with the MHM Site Administrator indicated that her staff have completed the required specialized training. She also showed the auditor the PREA Notebook with the topics included in new employees training. The training covered the required topics.

Documentation Reviewed:

- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ ADOC – Administrative Regulation (AR) 300
- ✓ MOU between Alabama Department of Correction and Lighthouse Counseling Center, Inc. “Standing Together Against Rape” Program July 2010 / to include SANE

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Bullock Correctional Facility uses the ADOC Classification PREA Risk Factors Tool and PREA Risk Factors Checklist to screen offenders upon admission for risk of sexual abuse victimization or sexual abusiveness toward other offenders. All inmates admitted to BULLOCK CORRECTIONAL FACILITY are screened for the risk of sexual victimization and sexual abuse during the intake process. Screening is accomplished by the classification staff. Information on any inmate who is identified during the screening as a potential or confirmed victim of sexual assault or as having a tendency to act out with sexually aggressive behavior is communicated to the shift supervisors, counseling department, medical department and documented in the inmate’s file.

The objective screening instrument includes all criteria required by the standard to assess inmates for risk of sexual victimization. Policy also requires that the Inmate’s risk level be reassessed periodically throughout the offender’s confinement. Risk reassessments are documented. The facility implements appropriate controls on the dissemination, within the facility, of responses to questions asked to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates.

The auditor randomly reviewed 340 Classification PREA Factors 1 and 2. All of these were conducted in compliance with BULLOCK CORRECTIONAL FACILITY Policy. However, there was one inmate that was transferred to Bullock Correctional Facility over the weekend and placed in a segregation cell with another inmate without completing the PREA Assessment. 115.41 (a) – 1 the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. The facility needs a process to protect

inmates when they are transfer in during the weekends and after hours.

Correction Action: The facility agrees to ensure that a better line of communication take place and perform better checks and balances to prevent placing a possible victim and predator in the same housing unit or cell. The lieutenant will check the PREA and review the Risk Assessments of the inmate before transfer to determined assignment. When feasible the inmate will be place in a single cell after hours or on the weekends.

The Auditor received the correction actions documentation on August 2, 2016.

Associate Commissioner advised the Auditors on additional corrective action plans for the future; the plans involved ADOC Information System developing a module for the shift commander to be able to capture the information when a victim or predator enters the facility during after-hours transfers. When this system is in place, it will be another mechanism to assist the facility with properly housing and protecting inmates from sexual victimization and abusiveness.

Documentation Reviewed:

- ✓ Memo to Shift Commanders – After Hour Segregation Placements (August 2, 2016)
- ✓ SOP for Inmate Control System Supervisor #2-007 (8-15-2016)
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ ADOC Classification PREA Risk Factors Part 1 and 2 (340 Reviewed)
- ✓ Risk Reassessment Form
- ✓ Non PREA Referrals Binders
- ✓ Non Mental Health Referrals Binders
- ✓ Intake Risk Assessment Checklist
- ✓ Email Inmate Notes
- ✓ Statement of Non Occurrence/Non Applicability (April 21, 2016)

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

After conducting the screening, the facility uses this information to inform housing, bed, work, education, and program assignments with the goal of keeping all offenders safe and free from sexual abuse. Policy requires offenders at risk of sexual victimization be placed in isolation only as a last resort if less restrictive measures are inadequate to keep them and other inmates safe, and only until an alternative means of keeping all inmates safe can be arranged.

115.42 (a) – 1 the agency/facility uses information from the risk screening required by standard 115.41 Screening for Risk of Victimization and Abusiveness to inform 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. According PREA Audit Report

to interviews with the staff the PREA Risk Screening is being completed, however, no one is using the PREA Screening information to place inmates in Dorms or Beds.

Corrective Actions: When assigning inmates dormitories or beds, the assessment of the inmate needs to be considered before placing the inmate in the dormitories or beds. The facility will create a procedure to ensure the results of the risk screening are considered in placing inmates in housing, programming and work assignments.

The Auditor received the correction actions documentation on August 30, 2016. The newly developed procedures include the following: 1) The inmate's assessment from the previous facility will be reviewed by ICS or the IPCM before the arrival to the inmate. Upon arrival the IPCM will review the inmate's assessment form completed at the previous facility 2) The form will be used to determine what dormitory the inmates will be housed in. 3) Inmates will be placed at the front of the dormitory close to the windows, so that the officer will have better supervision of the inmate. 4) The housing placement will be temporary until the inmate can be screened within 72 hours by classification staff. 5) After the inmate is screened by classification, the inmate may or may not be assigned to another dorm depending on whether or not the inmates are determined to be a victim or a predator. 6) The IPCM will review the assessment forms after classification completes them to ensure that victims are not housed in the same dormitory as predators. 7) If an inmate is determined to be a predator, the facility has designated dormitories for predators. 8) When ICS or any supervisor moves an inmate from dormitory to dormitory the supervisor will review the form to help determine what dormitory to place the inmate in.

BULLOCK CORRECTIONAL FACILITY Policy prohibits placing lesbian, gay, bisexual, transgender, or intersex inmates in particular housing, bed, or other assignments solely on the basis of such identification or status. The policy prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Housing and program assignments for transgender or intersex inmates are based on a cases-by-case basis. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing unit, facility or wing solely on the basis of identification or status. An offender determined to be either a potential sexual aggressor or an offender at risk for sexual victimization is required to be identified, monitored and counseled.

Documentation Reviewed:

- ✓ Memo to Classification (August 15, 2016)
- ✓ PREA Risk Factors/Mental Health Referrals (August 15, 2016)
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Non PREA Referrals Binders
- ✓ Non Mental Health Referrals Binders
- ✓ Inmate Movement History
- ✓ ADCO Classification PREA Risk Factors Part 1 & 2 (Included in the 340 Review)
- ✓ Statement of Non-Occurrence/Non Applicability (May 24, 2016)
- ✓ Risk Reassessment Form
- ✓ Intake Risk Assessment Checklist

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Summary:

Alabama Department of Corrections Policy and BULLOCK CORRECTIONAL FACILITY requires that offenders at high risk for sexual victimization are not to be 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 the facility assigned an offender to involuntary segregated housing, the placement would be only until an alternative means of separation from likely abusers can be arranged and the assignment will ordinarily not exceed a period of 30 days. If it exceeds 30 days, the facility affords the offender a review to determine whether there is a continuing need for separation from the general population.

The PAQ and staff interviews indicated that there have been no inmates at risk of sexual victimization were held in involuntary segregated housing during the audit period. The facility also provided a memo dated August 2, 2016, from the IPCM thru the Warden stating that the facility has not housed any inmates in Protective Custody in the last 12 months. Interviews with the IPCM and Warden indicated that if the facility has an inmate at high risk for victimization the facility would house that inmate in front of the dormitory where he would be visible by security. An inmate would be placed in protective custody/administrative segregation only if he requested it. He would be separated from the threat through dorm placement up to transferring him to another facility.

Documentation Reviewed:

- ✓ Memo on Protective Custody (August 2, 2016)
- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Memo: Protective Custody (5/4/2016)

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Corrections Policy requires the Bullock Correctional Facility to encourage offenders who have been the victims of abusive sexual contact, non-consensual sexual act, staff sexual misconduct or staff/offender harassment to report the incidents and to establish procedures allowing for multiple internal ways for inmates to report privately to

officials regarding sexual abuse and sexual harassment; retaliation by other inmates and/or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to incident. The facility provided the following ways for inmates to report sexual abuse and sexual harassment or retaliation:

1. Verbally
2. To friend, a staff member or someone the offender trusts
3. Anonymously
4. Sexual Abuse Rape Hotline Number
5. Counselor's Box
6. Warden's Box
7. Captain Box
8. PREA Compliance Manager's Box
9. Medical Request Box
10. General Request Box
11. Sending a Letter to I&I using an I&I marked envelope
12. SART Member
13. Third Parties

Offenders are provided information encouraging them to report any incidents of sexual abuse or sexual harassment as well as how they can report it. Inmates signed acknowledgements entitled, "ADOC PREA General Information". These identified ways to report including: Reporting to any ADOC employee, reporting to the PREA Coordinator, Dialing the "hotline", Writing a letter to the ADOC Investigations and Intelligence Division using the preaddressed envelopes that are located at each facility and Have a free world person report it via the ADOC website. Posters, located throughout the facility provide additional information on how to report. Inmates indicated they have received this information in all of the facilities they have been in. The inmate handbook also provides information related to sexual abuse and how to report. It includes the following: Report the incident to any trusted staff member, contact a family member or friend who can report the incident via the Administrative Investigations link on the Department's public interest web site address <http://www.doc.alabama.gov>, by using the PREA Hotline, report to the PREA Coordinator, report to ADCO Investigations by request slip, contact the I & I Director by confidential I & I Envelope, contact the I & I Director by telephone (number provided) and contact the I & I Director by mailing a letter (address provided).

Staff are required to document verbal reports immediately and not later than the end of the shift. The state requires inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Interagency Agreement: Alabama Department of Corrections and Alabama Department of Economic and Community Affairs (2016)
- ✓ Sexual Assault and Rape Prevention Hotline
- ✓ Legal Inmate Mail
- ✓ Memo: No Grievance Process
- ✓ Inmates Handbook

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary: Not Applicable

ADOC does not have a grievances process. Alabama DOC does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse. If a grievance containing allegations of sexual abuse or sexual harassment was received, it would be forwarded to facility investigators, and the matter would be investigated.

Documentation Reviewed:

- ✓ Memo on Grievance Process (August 2, 2016)
- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Memo: No Facility Grievance Process
- ✓ Interagency Agreement: Alabama Department of Corrections and Alabama Department of Economic and Community Affairs (2016)
- ✓ Sexual Assault and Rape Prevention Hotline
- ✓ Legal Inmate Mail

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The Bullock Correctional Facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides offenders with reasonable and confidential access to their attorneys and/or legal representation.

Alabama Department of Corrections Policy requires facilities to 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. The facility is covered by an Agreement between the “Standing Together Against Rape” program and Correctional Medical Services, Inc., providing medical services for the Alabama DOC. This agreement provides for providing a forensic exam. Outside advocacy services are available through the Alabama Coalition against Sexual Assault.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Interagency Agreement: Alabama Department of Corrections and Alabama Department of Economic and Community Affairs (2016)
- ✓ MOU: Alabama Department of Corrections and Alabama Coalition Against Rape ((May 18, 2016)
- ✓ MOU: Lighthouse Counseling Center, Inc. “Standing Together Against Rape” program and Correctional Medical Services, Inc.
- ✓ Outside Confidential Support Services Hotline
- ✓ Sexual Assault and Rape Prevention Hotline
- ✓ Legal Inmate Mail
- ✓ Posters

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Anyone who suspects or has knowledge that sexual abuse has occurred at the Bullock Correctional Facility can report through the Alabama Department of Corrections website, which gives clear reporting instructions for reporting. Bullock Correctional Facility inmates are able to make a third party report to I&I by calling “66” on the inmate phone system. The ADOC website enables third parties to report sexual abuse or sexual harassment. Once on the website by clicking on Request and Investigation the reporter has a fillable form to complete. Instructions state that this information/report will be sent to the Investigations and Intelligence Division of the Alabama Department of Corrections for review and if a reporter wants a response they are asked to leave their phone number.

Interviewed staff and inmates were aware that third parties can make reports or allegations of sexual abuse or sexual assault on behalf of an inmate. Interviewed staff related they would take all reports and allegations seriously regardless of the source and stated they are aware that third parties may make a report to them. They stated they would treat that report as all others and report it verbally followed by a written report as soon as possible and not later than the end of the shift.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Agency Website Tip Reporting (www.doc.alabama.gov)

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

BULLOCK CORRECTIONAL FACILITY Policy requires all staff to immediately report any known or suspected act or allegation of sexual misconduct or retaliation to the Administration through the appropriate chain of command. All staff must also ensure the confidentiality of the victim (s) in incidents of sexual misconduct is not compromised.

Policy requires that all reports of sexual misconduct, sexual contact or sexual abuse must be considered credible and promptly investigated without regard to whether:

- The inmate named in the allegation is in custody or not
- Staff members named in an allegation are currently employed or not
- The report of the allegation was made in a timely manner or not
- The inmate reporting the allegation is known to have made past false allegations
- The source of the allegation recants the allegation
- The employee receiving the complaint believes or does not believe the allegations

Upon receiving any allegation of sexual abuse, the facility would promptly report the allegations for investigations. Staff consistently stated they are trained to take all allegations, reports or knowledge of sexual abuse or sexual harassment seriously and their responsibility is not to determine its validity but to report it to their immediate supervisor immediately followed by a written report. When asked when they were required to follow up with a written report, staff stated prior to the end of the shift.

Documentation Reviewed:

- ✓ Incident Reports
- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Consent for Sexual Assault Examination
- ✓ Inmate Body Chart Documentation
- ✓ Inmate Statements
- ✓ Staff Statements

- ✓ Statement of Non Occurrence/Non Applicability
- ✓ Inmate Living Agreement

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Corrections Policy and Procedures require that as soon as staff learn that an offender is subject to substantial risk of imminent sexual abuse, they take immediate action to protect the offender by housing unit reassignment or using a critical incident report for sexual assault.

BULLOCK CORRECTIONAL FACILITY requires that when an inmate is identified as being at risk for sexual abuse on his current housing unit, the screening staff will request that the supervisor on duty immediately move the inmate to an alternate unit. If an alternative placement cannot be arranged, the Warden and/or PREA Coordinator will develop a written plan of action that will provide a safe and secure environment for the victim and ensure the plan is implemented.

Interviews indicated that inmates are not involuntarily placed in protective custody or administrative segregation. Preferably the inmate would be placed in a dorm where he would be safer and minimally placed in a bunk closest to the security office. Other options include transfer to another facility if the inmate would be more comfortable with that.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

Summary:

The facility has a procedure that requires upon receiving an allegation that an offender was sexually abused while confined at another facility, the Warden of the facility notifies the Warden of the sending facility that sexual abuse is alleged to have occurred at their facility. The receiving Warden notifies the appropriate investigative body. Interviews with the Warden and IPCM confirmed that they understand the protocol for reporting to other confinement facilities. They indicated that they would make the appropriate notifications and ensure that the allegation was reported and investigated. There were no allegations reported during the audit period.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Reporting to Other Confinement Facilities Form

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Corrections Policy and Procedures require facilities to have a first responder procedure. The procedure includes actions that should be taken upon learning of an allegation that an offender was sexually abused. The first security staff member to respond is required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect crime scene;
3. Collection of physical evidence;
4. Ensure that the alleged abuser does not take any actions that could destroy physical evidence.

If the abuse occurred within a time period that still allows for the collection of physical evidence, first responders should 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.

Policy also requires that each facility establish a Sexual Assault Response Team (SART) to provide a coordinated, efficient and supportive response to victims of sexual assaults (see 115.65 – Coordinated Responses). The facility also utilizes their Sexual

Assault Response Team (SART) consisting of staff who are trained to respond to incidents of sexual assault. Each staff is trained in their individual responsibilities.

Interviews with randomly selected staff (who supervise inmates) were able to articulate the basic steps they would take in response to an inmate advising them or their becoming aware that an inmate had been the victim of sexual abuse. All of them stated they would report it immediately. Everyone mentioned they would separate the victim from the perpetrator. Most stated the area/room would be treated as a crime scene and stated they would tell the inmates not to do anything to contaminate the evidence. When prompted they took it further to state they would tell them not to change clothes, take a shower, use the restroom or brush their teeth.

First responder duties for non-security staff are the same as security.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ First Responder Checklist Card
- ✓ Investigations Mapping/Flowchart

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Each facility, as required by Alabama Department of Corrections Policies, has established a Sexual Assault Response Team to provide a coordinated, efficient and supportive response to victims of sexual assault. This comprehensive response plan (coordinated response plan) delineates the duties of first responders, internal affairs investigators, sexual assault nurse examiners, victim advocates and local prosecutors. The goals of the Facility SART are the following:

- 1) Meet the needs of the victim with crisis intervention and support services
- 2) Arrange a comprehensive forensic examination for sexual abuse victims, without financial cost, where appropriate
- 3) Provide a joint, effective, sensitive approach to victims of sexual assault
- 4) Document and preserve forensic evidence for potential prosecution and
- 5) Conduct investigations of the crime from notification through prosecution.

The responsibilities for each team member are detailed. SART Team members are provided specialized training for the treatment and investigation of sexual assault victims.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- PREA Audit Report

- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA
- ✓ Applicable Code of Alabama 1975 Sections
- ✓ Written Facility SOP / Coordinated Response
- ✓ SART Meetings

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Employees at the Bullock Correctional Facility are state employees. They are not members of a union and can be removed from the facility, placed on administrative leave or sanctioned in accordance with agency personnel policies, procedures and rules. This facility is not involved in collective bargaining. A previous interview with the Director of Secure Facilities indicated that ADOC does not have unionized employees. He and the Warden related they are able to take whatever action is necessary in response to an allegation of sexual abuse or sexual harassment. Actions that can be taken include removing the employee from the facility and placing them on administrative leave while an investigation is being conducted and terminated from employment if the charges are substantiated.

Documentation Reviewed:

- ✓ Alabama Department of Correction Policy (ADOCP) 454, Inmate Sexual Abuse and Harassment – PREA

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Bullock Correctional Facility complies with Alabama’s Policies to protect all offenders and staff who report sexual abuse or

sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff.

The Facility PREA Compliance Manager serves as retaliation monitor in this facility

The facility employs multiple protective measures against retaliation that includes the following:

1. Housing changes or transfers for victims or abusers
2. Removal of alleged staff or offender abusers from contact with victims
3. Emotional support services for offender and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The IPCM is the designated retaliation monitor. In an interview he stated that he conducts weekly face to face meetings with the victim and checks for increased disciplinary reports and housing changes or anything that might be out of the ordinary. He stated he would see that inmate weekly and would only terminate that monitoring when the inmate himself related he no longer needed it or felt he was in jeopardy of experiencing retaliation. He understood that policy requires monitoring for at least 90 days however he stated he would continue it as long as it was needed.

To document retaliation monitoring, the facility uses the Alabama Department of Corrections PREA Retaliation Monitoring form.

Interviews with the PREA Compliance Manager who also serves as the retaliation monitor confirmed that he has a private conversation with the inmate to see if that inmate has had any problems since the incident or if the inmate feels safe in the population. He related he would also pay close attention to any incidents that the inmate may have or has had after the alleged sexual assault or sexual harassment to ensure the incidents are not related to that. He stated he also informs the inmate that he would be monitoring them for 90 days and at any time if they felt as if they did not need monitoring, the monitoring can cease.

115.67 (a) 1 the agency has 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. 115.67 (c) 4 the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. There are four PREA incidents that should have been monitored and the required documentation completed.

Corrective Action: The Facility PREA Compliance Manager will complete the required monitor retaliation forms.

Response: The Auditor received the corrective actions documentation on August 15, 2016. Forms were provided documenting retaliation monitoring on the required ADOC forms. The PREA Compliance Manager provided a memo explaining his role in retaliation monitoring.

There is a process that requires monitoring for retaliation at least 90 days following a report of sexual abuse. The facility monitors the conduct and treatment of inmates and/or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff.

Documentation Reviewed:

- ✓ Memo on Completing Retaliation Forms (August 15, 2016)
- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Bullock Correctional Facility Local Operating Procedures
- ✓ Inmate Movement History
- ✓ ADOC PREA Sexual Abuse Retaliation Monitoring
- ✓ Inmate Interview Form

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

When an offender alleges he has suffered sexual abuse policy requires that he may only be placed in isolation or segregation as a last resort if less restrictive measures are inadequate to keep them and other offenders safe, and only until an alternative means of keeping all offenders safe can be arranged.

Interviews with the IPCM and Warden and other staff indicated that inmates would not be placed in any form of segregated housing unless the inmate requested it. Other options would include bed changes, dorm changes and transfer to another facility.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Inmate Movement History
- ✓ ADOC PREA Sexual Abuse Retaliation Monitoring
- ✓ Inmate Interview Form

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

BULLOCK CORRECTIONAL FACILITY policy requires that any reports (direct, indirect, third party) received involving sexual abuse and sexual harassment will be reviewed by the Warden and/or PREA Facility Coordinator immediately. The incident will be reviewed promptly, thoroughly and objectively and referred for investigation.

The Bullock Correctional Facility Investigator will gather and preserve evidence, interview alleged victims, suspected perpetrators and witnesses and assist the Alabama Department of Corrections and /or I&I with reviewing prior reports if any of sexual abuse involving the suspected perpetrator.

Alabama Department of Corrections and/or I&I will not terminate an investigation if the source of the allegation recants the allegation. Any departure of the alleged abuser or victim from employment or custody of the Bullock Correctional Facility is not a basis for termination of the investigation.

The I&I documents in a written report through descriptions of physical, testimonial and documentary evidence when feasible and refers any substantiated allegations of conduct that appear to be criminal for prosecution. Investigators use the preponderance of the evidence to make a determination in administrative investigations. Bullock Correctional Facility retains all written reports for as long as long as the alleged abuser is in custody or employed by the institution plus five years.

If I&I deems the act to be of a non-criminal nature, then an administrative investigation will occur. The incident review determines whether the staff actions or inactions contributed to the incident. The review is documented.

An interview with the Agency's I & I Deputy Director and the IPCM confirmed the investigative process. If there is a sexual assault the I & I investigator would report to the scene immediately and begin the investigation process, including collecting evidence, as well as the rape kit from the forensic examiner. IF the allegation is sexual harassment, inmate on inmate, the investigation will be conducted by the facility investigator. This process would include separating the alleged victim from the alleged perpetrator and being interviewing the victim, witnesses and reviewing any available evidence. He related that in his investigation process he takes all information as credible and follows the facts wherever they lead. The Deputy Director of I & I related if there was evidence to substantiate a case he would refer it to the prosecutor for referral to the grand jury.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Inmate Handbook
- ✓ Administrative Regulation Number – 300 – Investigations and Intelligence Division
- ✓ Internal Investigations Distribution List
- ✓ Consent for Sexual Assault Examination
- ✓ Inmate Body Chart Documentation
- ✓ Inmate Statements
- ✓ Staff Statements
- ✓ Investigative Report Cases

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Corrections Policies state that the facility’s standard of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of evidence. This was confirmed through interviews with the Deputy Director for I & I and the IPCM.

Documentation Reviewed:

- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Administrative Regulation Number – 300 – Investigations and Intelligence Division
- ✓ Internal Investigations Distribution List
- ✓ Consent for Sexual Assault Examination
- ✓ Inmate Body Chart Documentation
- ✓ Inmate Statements

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

BULLOCK CORRECTIONAL FACILITY policy requires that inmates who are currently in the custody of the Bullock Correctional Facility are entitled to know the outcome of the investigation into their allegation.

If the allegation involved a staff member, the facility will inform the inmate whenever:

- The staff member is no longer posted in the institution
- The staff member is no longer employed at the institution
- The staff member has been indicted on a charge related to sexual abuse within the institution or the staff member has been convicted on a charge related to sexual abuse within the institution

If the allegation involved another inmate, the facility will inform the alleged victim when the alleged abuser has been:

- Indicted on a charge related to sexual abuse within the institution or the alleged abuser has been convicted on a

charge related to sexual abuse within the institution.

The PREA Compliance Manager provided the auditor with examples of notifications of the results of investigations to inmates. The process utilized in Alabama and at the Bullock Correctional Facility is that the ADOC's Investigations and Intelligence Investigators make the notifications in writing to the inmate involved in the case.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Case Dispositions

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

Bullock Correctional Facility policy has a zero tolerance for sexual misconduct between inmates and any staff members. Sexual misconduct perpetrated by staff is contrary to the policies of Alabama Department of Corrections PREA policy and professional ethical principles that all employees are bound to uphold. Any such conduct is cause for disciplinary action up to and including termination.

There is no consensual sex in a custodial or supervisory relationship as matter of law. A sexual act with an inmate by a person in a position of authority over the inmate is a felony and subject to criminal prosecution. Retaliation against an inmate who refuses to submit to sexual activity or retaliation against individuals (including witnesses) because of their involvement in the reporting or investigation of sexual misconduct is also prohibited and grounds for disciplinary actions including termination and criminal prosecution.

Failure of employees to report incidents of sexual misconduct is cause for disciplinary action up to and including termination.

The facility provided a memo confirming that in the past 12 months there have been no sanctions against employees, contractors, or volunteers for violating any sexual abuse or sexual harassment policies.

If you have any questions concerning this memo, feel free to contact me. Interviews with staff indicated that if a staff was alleged to have violated any sexual abuse policy they would be placed on administrative leave and if the allegations were substantiated the presumptive action would be termination.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Administrative Regulation 208 – Employee Standards of Conduct and Discipline
- ✓ Corrective Action History Record (Form)
- ✓ Counseling Session (Form)
- ✓ Written Reprimand (Form)
- ✓ Employee Hearing Waiver
- ✓ Sample: Notice of Recommendation for Suspension
- ✓ Record of Administrative Hearing (Form)

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Corrections and Bullock Correctional Facility require that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Training Records
- ✓ Refer to HR for Letter of Dismissal
- ✓ Terminate Contact with Inmates
- ✓ PREA Sign-In-Sheet

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The Bullock Correctional Facility complies with ADOC policy that requires that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the offender engaged in inmate on inmate sexual abuse. 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. The disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining the type of sanction.

The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Violations of sexual abuse/sexual harassment policies would, after a due process hearing, result in loss of privileges, loss of good time and disciplinary segregation. This was confirmed through interviews with the Warden, IPCM and other randomly selected and specialized staff.

The PREA Compliance Manager provided a memo confirming that there have been no incidents where an alleged incident was substantiated. The facility provided an example of a disciplinary report that would be used to process a rule violation charge. Inmates would be afforded due process to the inmate and sanctions would be commensurate with the charges and similar sanctions for similar charges.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Disciplinary Report Continuation
- ✓ List of Questions for Staff
- ✓ Rule Violations Authorized Sanctions
- ✓ Inmate Movement History
- ✓ Mental Health Consultation to the Disciplinary Process
- ✓ Inmate Handbook

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

Summary:

Bullock Correctional Facility policy requires that if an inmate's intake assessment indicates that he has experienced any prior victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate will be offered a follow-up meeting within days of the intake screening. Documentation to confirm that the inmate was offered the services would be noted on the inmate's intake screening instrument. Any information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to necessary staff maintaining strict confidentiality.

115.81 (a) 1 All inmates at the facility who have disclosed any prior sexual victimization during a screening in standard 115.41, are offered a victimization follow-up meeting with a medical or mental health staff member. 115.81 (a) – 2 If yes, the follow-up meeting was offered within 14 days of the intake screening. Staff interviews reveal that they are not following up the prior sexual victimization.

Corrective Action: On the PREA Risk Factors/Mental Health Referral Form screening form another column will be added to identify inmates who disclose prior victimization that require a mental health follow up. It is also recommended that the two directors of mental health sit down with the Psychological Associate II so that they understand which inmates need follow ups in 14 days after disclosing.

The Auditor received the corrective action documentation on August 15, 2016. A new procedure has been developed to ensure that inmates are provided follow-up within 14 days. The new procedure requires that after classification completes the Risk Assessment Forms, classification gives the forms where an inmate has disclosed prior victimization to the Psychological Associate the same day of notification. The Psychological Associate is the staff responsible for offering the follow-up.

Medical and mental health staff obtains informed consent from inmate before reporting information about prior sexual victimization that did not occur in an institutional setting.

Documentation Reviewed:

- ✓ Memo to Classification (August 15, 2016)
- ✓ PREA Risk Factors/Mental Health Referrals (August 15, 2016)
- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Alabama Code 26-14-3 (HB301)
- ✓ ADOC Classification PREA Risk Factors Part 1 and 2
- ✓ Referral to Mental Health
- ✓ Medical Referral

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Bullock Correctional Facility medical and mental health staff would ensure that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which is determined by medical and mental staff.

Policy requires medical first responders to provide care and treatment as outlined in the Sexual Assault Manual. Medical staff will provide immediate care and evaluate the victim for life threatening injuries. Policy also requires that medical staff can aid in the preservation of evidence by instructing the offender not to take any actions that could destroy physical evidence and assisting with the arrangement of a forensic exam by a SANE here at the institution at no cost to the offender. Mental health treatment services are provided by the institutional Counselor. Outside services are available 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. If the inmate desires and the claim is substantiated, then the Facility ensures continued Mental Health Services are rendered.

This facility has a dedicated mental health unit serving the entire state. Mental health professionals are accessible as are medical staff, 24/7.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ First Responder Checklist
- ✓ Rape Crisis Center/SANE Center MOU
- ✓ Refer to Rape Crisis Centers/SANE Centers/ER for Medical Information
- ✓ Referral from Corizon Medical Staff to Transport Inmate to SANE/Rape Crisis Centers
- ✓ Alabama Coalition Against Rape Member Rape Crisis Center and DOC Facility Location

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Corrections requires medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse to include past victimization. Victims of sexual abuse while at the facility are offered tests for sexually transmitted infection as medically appropriate. The facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such history and offers treatment when deemed appropriate.

If an allegation is of actual sexual abuse, the victim is referred to the facility's Health Care Staff for examination. Upon completion of the SANE nurse's examination, the institution nurse is to assess for any lingering acute or non-acute physical injuries as well as any psychological impact of the victimization. Follow up medications, treatment, testing, etc. will be completed as ordered. This may include repeat HIV/STD testing and follow-up medication as needed/ordered for HIV/STD. All findings are documented in the inmate's medical record and strict confidentiality will be maintained at all times.

Documentation Reviewed:

- ✓ Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Rape Crisis Center/SANE Center MOU
- ✓ Refer to Rape Crisis Centers/SANE Centers/ER for Medical Information
- ✓ Referral from Corizon Medical Staff to Transport Inmate to SANE/Rape Crisis Centers
- ✓ Alabama Coalition Against Rape Member Rape Crisis Center and DOC Facility Location

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

Bullock Correctional Facility has a process in place to conduct sexual abuse incident reviews 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.

115.86 (a) 1 the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility does not conduct sexual abuse incident reviews at the conclusion of every criminal or administrative sexual abuse investigation, using the requirement in the standard. Corrective Active: The PREA Compliance Manager will complete a Review Team form on all sexual assaults and send it to the PREA Auditor.

The Auditor received the correction actions documentation on August 2, 2016. This Memo described the staff serving on the incident review team. The team will meet within 30 days of receipt of the investigation report and will consider the items required by the standards. A previous interview with the IPCM indicated the facility has not received any reports back from PREA Audit Report

investigations in order to conduct a review.

The sexual abuse incident review team includes upper-level management official and allows for input from line supervisors, investigators, and medical and mental health staff.

Documentation Reviewed:

- ✓ Warden Memo: Sexual Abuse Review Team (August 2, 2016)
- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Consent for Sexual Assault Examination
- ✓ Inmate Body Chart Documentation
- ✓ Inmate Statements
- ✓ Staff Statements

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Bullock Correctional Facility has a process in place to collect accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control using a standardized instrument and set of definitions. A set of definitions is included in the policy. In addition, the facility uses the DOJ Form SSV-Survey of Sexual Violence Incident Report as their standardized instrument and for definitions.

Upon request, the facility provides all data from the previous calendar year to the Department of Justice no later than June 30 of each year on the U.S. Justice Department Survey of Sexual Violence Form SSV-5.

Documentation Reviewed:

- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Annual Data Review
- ✓ U.S. DOJ Survey of Sexual Violence (2013)
- ✓ U.S. DOJ Survey of Sexual Violence (2014)
- ✓ Annual Assessment of Agency’s Progress Concerning Sexual Abuse (Comparison Report) 2013 & 2014
- ✓ Data Review and Corrective Action
- ✓ Consent for Sexual Assault Examination
- ✓ Inmate Body Chart Documentation
- ✓ Inmate Statements

- ✓ Staff Statements

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Bullock Correctional Facility reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, and training, including problem areas, taking corrective action, and preparing an annual statement of its finding from its data review. The annual reports are approved by the agency. The facility redacts material from an annual report for publication; the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Documentation Reviewed:

- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Agency Website
- ✓ Website Publication
- ✓ Annual Data Review
- ✓ U.S. DOJ Survey of Sexual Violence (2013)
- ✓ U.S. DOJ Survey of Sexual Violence (2014)

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Bullock Correctional Facility requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. The facility maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

- ✓ Alabama Department of Correction Policy 454, Inmate Sexual Abuse and Harassment – PREA Prison Rape Elimination Act – PREA
- ✓ Website Publication
- ✓ U.S. DOJ Survey of Sexual Violence (2013)
- ✓ U.S. DOJ Survey of Sexual Violence (2014)

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.

Robert Lanier

September 2, 2016

Auditor Signature

Date