

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

Interim Final

Date of Report July 17, 2018

Auditor Information

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|---|--|
| Name; Debra D. Dawson | Email; dddawsonprofessionalaudits@gmail.com |
| Company Name; 3D PREA Auditing & Consulting, LLC | |
| Mailing Address; P.O. Box 5825 | City, State, Zip; Greenwood, FL 32443 |
| Telephone; 850-209-4878 | Date of Facility Visit; June 14 - 15, 2018 |

Agency Information

| | | | |
|---|--|---|---|
| Name of Agency; | Governing Authority or Parent Agency (If Applicable); | | |
| Alabama Department of Corrections | State of Alabama | | |
| Physical Address; 301 South Ripley St. | City, State, Zip; Montgomery, Alabama 36130 | | |
| Mailing Address; P.O. Box 301501 | City, State, Zip; Montgomery, Alabama 36130 | | |
| Telephone; 573-751-2389 | Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes (Internal PREA Audits) <input type="checkbox"/> No | | |
| The Agency Is; | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |

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

Agency Website with PREA Information; www.adoc.alabama.gov

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

| | |
|--|--|
| Name; Christy Vincent | Title; Alabama Department of Corrections PREA Director |
| Email; Christy.vincent@doc.alabama.gov | Telephone; 334-353-2501 |
| PREA Coordinator Reports to; Anna Hill, Chief of Staff (Temporary) | Number of Compliance Managers who report to the PREA Coordinator 52 to include backup Institution PREA Compliance Managers |

Facility Information

| | | | |
|---|---|---|---|
| Name of Facility; | North Alabama Community Based Facility/Community Work Center | | |
| Physical Address; | 1401 Hwy 20 W. Decatur, Alabama 35601 | | |
| Mailing Address (if different than above); | Click or tap here to enter text. | | |
| Telephone Number; | 256-350-0876 | | |
| The Facility Is; | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type; | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Facility Mission; | The mission of the ADOC is to confine, manage and provide rehabilitative programs for convicted felons in a safe, secure and humane environment, utilizing professionals who are committed to public safety and to the positive re-entry of inmates into society. | | |
| Facility Website with PREA Information; | www.adoc.alabama.gov | | |

Warden/Superintendent

| | |
|---|---------------------------------------|
| Name; Darrel Fox | Title; Acting Warden (Captain) |
| Email; Darrell.fox@doc.alabama.gov | Telephone; 256-350-0876 |

Facility IPCM

| | |
|--|---|
| Name; Leo Hale | Title; Correctional Sergeant/Institution PREA Compliance Manager (IPCM) |
| Email; leo.hale@doc.alabama.gov | Telephone; 256-350-0876 |

Facility Health Service Administrator

| | |
|--|--------------------------------|
| Name; Valerie Davenport | Title; Nurse Manager |
| Email; Valerie.davenport@wexfordhealth.com | Telephone; 256-350-0876 |

Facility Characteristics

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|--|------------------------------|--|--|
| Designated Facility Capacity; 715 | | Current Population of Facility; 566 | |
| Number of inmates admitted to facility during the past 12 months | | | 850 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more; | | | 780 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more; | | | 848 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012; | | | 274 |
| Age Range of Population; | Youthful Inmates Under 18; 0 | Adults; 20-80 | |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months; | | | 0 |
| Average length of stay or time under supervision; | | | 1 year |
| Facility security level/inmate custody levels; | | | Level 2, Minimum-Out/Community Custody |
| Number of staff currently employed by the facility who may have contact with inmates; | | | 65 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates; | | | 2 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates; | | | 1 |
| Physical Plant | | | |
| Number of Buildings; 10 | | Number of Single Cell Housing Units; 0 | |
| Number of Multiple Occupancy Cell Housing Units; | | 0 | |
| Number of Open Bay/Dorm Housing Units; | | 9 | |
| Number of Segregation Cells (Administrative and Disciplinary); | | 3 | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.); | | | |
| A total of 51 Cameras are placed throughout the facility. | | | |
| Medical | | | |
| Type of Medical Facility; | | General medical care with no infirmary | |
| Forensic sexual assault medical exams are conducted at; | | Crisis Services of North Alabama SANE | |
| Other | | | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility; | | | 48 Volunteers/ 8 Contractors |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse; | | | 24 State Wide |

Audit Narrative

The Prison Rape Elimination Act (PREA) Recertification Audit for the North Alabama Community Base Facility/Community Work Center (NACBF/CWC), Alabama Department of Corrections (ADOC) was conducted on June 14-15, 2018. The PREA Recertification Audit was coordinated through the Alabama Department of Corrections and 3D PREA Auditing & Consulting, LLC upon notification of being awarded the contract. Department of Justice (DOJ) Certified PREA Auditors Debra Dawson and Joy Bell were assigned to conduct the audit. Debra Dawson served as the Lead Auditor. A line of communication was developed between the ADOC PREA Director Christy Vincent and PREA Auditor Debra Dawson to schedule the PREA Recertification Audit.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The PREA Auditors arrived at NACBF/CWC at approximately 8:00 a.m., on June 14, 2018, to begin the auditing process. An entrance meeting was held with the PREA Auditors, Acting Warden Darryl Fox, and Institution PREA Compliance Manager (IPCM) Leo Hale. The tour of the facility began at approximately 8:30 a.m. The auditors were escorted by the Acting Warden and IPCM throughout the tour. The auditors were previously presented with a schematic layout of the facility that included 10 buildings with identification of each building in addition to the camera location in applicable areas. All areas were toured while observing camera layout.

In addition to the tour, the site visit consisted of a thorough review of documentation, and formal and informal interviews with staff and inmates. Areas visited during the tour included the administration, entrance gate office, canteen, medical, laundry, property storage, food services/dining halls, housing units, medical, maintenance, recreation, and intake area,

PREA posters and notification of the PREA audit visit was observed posted throughout all areas accessible to inmate and staff in both English and Spanish. The notification of the PREA audit visit was documented as posted on May 3, 2018, well in excess of the six week required notification period. Confirmation of the posting was documented by the IPCM. At the completion of the tour, the auditing team began conducting staff and inmate interviews.

NACBF/CWC employs 47 full time security staff, 10 part-time security staff, 14 non-security staff and 8 contract medical staff through Wexford Medical Services that has contact with the inmates. Mental health services are provided by staff assigned at Limestone Correctional Facility. A total of 42 staff was interviewed during the audit. The auditing team was provided separate offices to conduct private interviews with staff and inmates. Eighteen staff was selected for random staff interviews that included staff assigned to handle inmate mail; maintenance; food service; non-security staff, Drug Program Specialist; Business Office Manager; Job Placement Officer; Inmate Control Systems (ICS) and security from the three shifts of 6:00 a.m. - 2:00 p.m.; 2:00 p.m. - 10:00 p.m.; 10:a.m. – 6:00 p.m. Twenty-four specialized staff was selected for interview by the auditors based on their assigned specialized PREA responsibilities. Those specialized staff interviewed included: (1) Associate Commissioner of Operations; (1) Agency Contract Administrator; (1) ADOC PREA Director; (1) Acting Warden, (1) Institution PREA Compliance Manager (IPCM); (1) Incident Review Team Member; (1) Medical Contract Staff; (1) Psychology Program Manager for Mental Health; (3) Intermediate or Higher

Supervisor; (1) Staff Who Perform Screening For Risk Of Victimization and Abusiveness; (2) Investigative Staff; (1 Designated Staff Member Charged With Monitoring Retaliation; (1) Staff Who Supervise Inmates in Restricted Movement Housing; (1) Human Resource Manager; (1) SANE Nurse; (2) Intake Staff; (3) Volunteers; (1) Executive Directive Director Crisis Services of North Alabama. No staff served as a first responder, however all staff interviewed was knowledgeable of the agency's zero tolerance of sexual abuse and sexual harassment.

The IPCM provided the auditors with housing unit rosters that identified inmates alphabetical and by bed assignments in addition to rosters for the targeted group of inmates for interviews. The inmate base count was 566 on the first day of the site visit, June 14, 2018. The auditors conducted 20 informal random interviews. The auditors did not receive any correspondence from the inmate population. Twenty-four inmates were selected for random interviews. Inmates were chosen by a random selection of bed assignments. Eleven inmates were identified from the target group for interviews as following: (5) Inmates Identified with Physical Disabilities; (1) Inmate Identified with a Cognitive Disability; (5) Inmates Who Identified as Gay. There were zero inmates at NACBF/CWC who were identified as meeting the following categories; Inmates who identify as Lesbian, or Bisexual; Inmates who identify as Transgender or Intersex; Inmates Who Reported Sexual Abuse; Inmates identified as Limited English Proficiency; Inmates In Segregated Housing for High Risk of Sexual Victimization; Inmates Who Reported Sexual Abuse; Inmates Who Reported Sexual Victimization During Risk Screening. All inmates interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting.

ADOC publishes their investigative policy on its website www.adoc.alabama.gov. The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

Facility Characteristics

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

North Alabama Community Base Facility/Community Work Center NACBF/CWC was opened in 1981. The NACBF/CWC was previously named the "Decatur Community Based Facility/Community Work Center." The name of the facility changed in April 2018. NACBF/CWC is located in the middle of a commercial industrial area of Decatur Alabama, and in the Northern Region of the State. The facility has a perimeter fence that surrounds the inner compound. The last major renovation to the facility was in 2008 with the addition of Dormitory J, which is a 340 bed unit. The facility consists of 10 buildings. A security officer is assigned to an office building located at the entry gate to monitor all incoming and outgoing traffic 24/7.

NACBF/CWC has a maximum capacity rate of 715 inmates. The number of inmates admitted to the facility during the past 12 months was 850. A total of 566 inmates were reported confined at the facility on the day the audit began. The facility is an adult male from the age of 20-80 years old. The facility houses inmates with custody levels of minimum out and community custody as well as Level II custody

facility. Ninety-seven percent of the minimum-out custody inmates were assigned to job assignments within the local community that does not require supervision by security staff at NACBF/CWC during working hours. These inmates return to the facility upon completion of their scheduled hours of work.

There are 9 open bay dormitories for inmate housing and one restricted movement dorm with 3 cells and 4 beds in each. The main dormitory building also includes: shift commander office, captain's office, classification offices, inmate processing and visual search area. Inmates are assigned to the various dormitories based on their custody level and classification that includes regular inmate housing, a Veterans Dorm for prior military serviceman with Honorable Discharged, Work Release/Substance Abuse Program Unit, and an Honor Dorm in which inmates are selected by the Chaplain. The inmate dormitories have access to common areas restrooms with individual showers and toilets that were recently remodeled to include additional privacy to the inmate population. All inmate restrooms have appropriate shower curtains and toilet divider walls that provided privacy.

The medical building includes a nurse's station, inmate job placement office, IPCM's office, inmate intake area and various storage rooms.

The inmate recreation building includes a chapel, weight room, two television rooms and the maintenance area.

Staffs monitor the surveillance system, and the Quality Assurance Specialist reviews all video footage each day as a security enhancement and to prevent and detect sexually abusive behavior. The placement of the cameras is strategically located throughout the facility's physical plant, to include blind-spots and/or areas where staff and/or inmates may be isolated. Decision of camera placement also involved the composition of the inmate population, number and placement of staff, programs occurring on a particular shift, and any applicable State or Local laws, regulations or standards.

Summary of Audit Findings

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

Number of Standards Exceeded; 3

115.31; 115.14; 115.65

Number of Standards Met; 40

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.32 115.33; 115.34; 115.35; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89

Number of Standards Not Met; 0

None

Summary of Corrective Action (if any)

N/A

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a IPCM? (N/A if agency operates only one facility.) Yes No NA
- Does the IPCM have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of Alabama Department of Corrections (ADOC) Organizational Structure; ADOC Policy AR 454 Inmate Sexual Abuse and Harassment; Interviews with PREA Director and IPCM, NACBF/CWC meets the mandate of this standard. The Agency's AR 454 policy provides a detailed outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors. Policies also include the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of inmates. The ADOC PREA Director is a position assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. The PREA Director stated she has 26 fulltime IPCM and 26 backup 26 IPCM that are assigned to the various correctional facilities within the Agency. She maintains an open line of communication through classroom training, emails, via phone, etc with each to ensure their understanding and compliance of the PREA standards. The ADOC PREA Director and IPCM both confirmed during interviews they have sufficient time to accomplish the duties assigned to the roles of their positions.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Alabama Department of Corrections does not have any contracts with any other entities specifically for the confinement of its male inmate population.

Standard 115.13; Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; SOP 454-2 Staffing Plan; Annual Staffing Plan Review; Staffing Plan Deviation Notification; Logs for Unannounced Rounds; ADOC Coordinated Response to Sexual Assault, NACBF/CWC meets the mandate of this standard. NACBF/CWC has established a staffing plan which provides for adequate levels of staffing and where applicable, they use direct monitoring to protect inmates against sexual abuse. A copy of a staffing plan signed on March 21, 2018, was reviewed by the auditors. An interview with the Acting Warden verified

the staffing plan was developed considering the generally acceptable correctional practices; any judicial findings, any findings of inadequacy from federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the physical plant, the inmate population, the number and placement of supervisory staff, institutional programs and the shifts they occur on applicable state or local laws or regulations, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant information. The staffing positions are developed from the staffing plan established by ADOC.

Policy dictates and procedures confirm deviations from the staffing plan are documented and the reasons for the deviation are noted on the Staffing Plan Deviation log for the past 12 months. NACBF/CWC is making use of overtime for staff coverage at the facility prior to vacating mandatory post.

A review of log book entries confirmed intermediate and higher level staff are conducting unannounced rounds as required within the Agency's policy. The Warden, Captain and IPCM conduct a minimum of three unannounced rounds a week. Supervisory staffs are required to conduct rounds in all areas during each shift. Supervisory staff and random staff were aware of Agency's policy prohibiting staff from notifying other staff of supervisory rounds being conducted.

The facility utilizes video monitoring which is supported by a DVR system that maintain 51 cameras positioned throughout the facility to provide security enhancement. Review of video monitoring confirmed the inmates' privacy for showering, use of toilet and performance of bodily functions was not observant to staff during video monitoring.

A mirror was recommended to be installed in the center of both the front and rear walls of the J housing unit that would allow staff a clear view of these areas upon entering the unit. The two mirrors were ordered and confirmation of installation was provided by photographs to the lead auditor.

Standard 115.14; Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Standard 115.15; Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

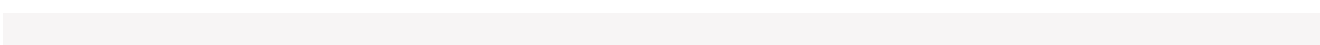
- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of ADOC AR 454 Inmate Sexual Abuse and Harassment; ADOC AR 336 Searches; SOP 336-2 Inmate Searches; PREA Training Acknowledgements; Interviews with Acting Warden, supervisory staff, random staff, and random inmates, the NACBF/CWC meets the mandate of this standard. Cross-gender strip searches are not conducted at NACBF/CWC. Staff shall not conduct cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. There were zero body cavity searches and/or cross-gender strip searches that met the requirement of exigent circumstances or were performed by staff other than medical practitioners. The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate's housing unit.

Interviews with the selection of random staff, and inmates from each housing unit confirmed inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the standard. Interviews with staff and inmates confirmed female staff announces their presence when entering the inmates' housing units. This practice was observed during the site visit. There were zero inmates who were identified as transgender or intersex assigned at the NACBF/CWC during the site visit and zero was reported to have been housed within the past 12 months. Therefore, none were available for interview.



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

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who; Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who; Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of ADOC AR 454 Inmate Sexual Abuse and Harassment; Alabama Institute for Deaf & Blind Contract; PREA Training Acknowledgement; PREA Video, Posters, Brochures, NACBF/CWC meets the mandate of this standard. NACBF/CWC takes steps and has policies that ensure inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA posters and educational materials are provided in English and Spanish. Inmates

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

Interviews with random staff confirmed the facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegations. There were (2) Hearing Impaired, (2) Vision Impaired and (1) Cognitively Impaired inmate interviewed. Each confirmed the facility provides methods of PREA education in a manner they can fully understand. There were zero inmates identified as Limited English Proficient assigned at the facility.

Standard 115.17; Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency; perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency; consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of ADOC AR 454, Inmate Sexual Abuse and Harassment; AR 216, Background Investigations; AR 208, Employee Standards of Conduct and Discipline; Review of Personal Information Sheets; ADOC Form 216; Interviews with Agency Human Resource Manager and Acting Warden, NACBF/CWC meets the mandate of this standard. All hiring and approved clearances allowing entrance into NACBF/CWC is accomplished with a background check through the National Crime Information Center (NCIC). The ADOC Personnel Director shall conduct a criminal background records check every five (5) years on all current employees and contractors. Volunteer and Contractor background checks are completed through Staton (com center for ADOC). The auditors were provided documentation of staff backgrounds checks by the ADOC PREA Director. Before hiring a new employee or contractor: 1) the ADOC Personnel Division or designee shall conducts a criminal background record check; 2) Make its best efforts to contact all prior institutional employers in regards to substantiated allegations of sexual abuse or any resignation during a period of sexual abuse investigation; (3) Ask potential employees and contractors about previous misconduct: a.) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; b) Has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or c) Has been civilly or administratively adjudicated to have engaged in the activity. Apprise potential employees and contractors that false information or material omissions regarding such misconduct shall be grounds for termination and that they have a continuing duty to disclose such conduct. For all promotions and rehires, the Intelligence and Investigative Division Director shall conduct a criminal background records check. Those employees who have engaged in any conduct as aforementioned shall be disqualified for promotion. Employees are required to report immediately any pending charges/arrest. When security staffs are arrested, the Agency is required to notify the Alabama Peace Officers' Standards and Training Commission. Employees are subject to disciplinary sanctions up to and including termination for violating sexual

abuse or sexual harassment policies, as detailed in AR 208, Employee Standards of Conduct and Discipline.

Staff are required to complete a Waiver and Authorization To Release Information to authorize and request the full release of the information, without any reservation, throughout the duration of their association with the ADOC. This must be prior to information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work prior to the Agency doing so. There were zero terminations for violation of sexual abuse/harassment or resignation pending an investigation of sexual abuse/harassment in the past 12 months of the audit.

Standard 115.18; Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; SOP 454-2 Staffing Plan; SOP 454-3 Coordinated Response to Sexual Assault and Surveillance System Schematic, NACBF/CWC meets the mandate of this standard. NACBF/CWC has not had any substantial renovations to the physical plant; however, there has been a review of the cameras and video monitoring system that includes upgrades and installation of two additional cameras. Renovations were completed in two inmate restrooms within the main housing unit. This renovation included the addition of numerous shower and toilet stalls that increased inmates' privacy during use. The PREA Director was involved in the review and planning of this expansion to ensure PREA compliance.

RESPONSIVE PLANNING

Standard 115.21; Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of SOP 306, Evidence & Contraband Collection; AR 454, Inmate Sexual Abuse and Harassment; Advocacy MOU with Crisis Services; Training Records for Specialized Investigators; NACBF/CWC Coordinated Response Protocol, NACBF/CWC meets the mandate of this standard. The IPCM is responsible for conducting inmate on inmate sexual harassment allegations. The Agency's Intelligence and Investigation Division (I&I) is responsible for conducting all other administrative investigations and all criminal investigations within the agency. The Directives for Inmate Sexual Abuse and Harassment follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. An interview was conducted with an I&I Investigator who responds to incidents of sexual abuse/harassment. The Investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. Emergency healthcare as well as forensic examinations by SANE/SAFE staff are provided at no cost to the inmate. The Agency has a MOU with Alabama Coalition Against Rape ("ACAR"). An advocate is provided to the inmate upon request. Services include providing emotional support through the forensic medical examination and investigation interviews. An interview with the Acting Warden confirmed that these services are available to all victims of sexual abuse upon request. SANE examinations are conducted at Crisis Center of North Alabama by a SANE nurse. The victim will be provided treatment and services as required by the laws, regulations, standards and policies at no cost to them. The uniform evidence protocol used includes sufficient technical detail to aid responders in obtaining useable physical evidence and is appropriate for youth when necessary.

Standard 115.22; Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; PREA Allegation Checklist; NACBF/CWC Coordinated Response Protocol; Referrals for an Investigation; Agency website; Duty Officer Report; Incident Report; Interviews with investigative Staff, NACBF/CWC meet the mandates of this standard. An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Inmate on inmate sexual harassment investigations are conducted by the IPCM. I&I Investigators conduct all allegations involving staff and all allegations in which criminal charges could be possible. The I&I Investigator indicated during the interview that all corresponding evidence is placed in a Digital File (Incident Module, AR 302) and the Inmate Sexual Abuse or Sexual Harassment is categorized either A or B by severity of offense during initial notification requirements. The more serious of the two is classification **A** (Sexual Abuse), which requires the Duty Officer, Warden and Director to be immediately notified. Classification **B** (Sexual Harassment) requires the Duty Officer notification.

There were 5 allegations reported for inmate on inmate sexual harassment. Four of these allegations were determined to be unsubstantiated; one was determined to be unfounded. There were three allegations reported for inmate on inmate sexual assault. During the audit one of these investigations were still pending; one was determined to be unfounded; one was determined to be unsubstantiated. There was one allegation reported for staff on inmate sexual harassment. This investigation was determined to be unsubstantiated. The Investigators are responsible for conducting a prompt, thorough and objective investigation, whether administrative or criminal, in all such cases. Investigators compile all evidence to include investigative reports, dictated interviews, audio & video case files, Garrity waivers, Miranda waivers, Search Warrants, Arrest Warrants, Prosecution waivers and Subpoenas. The agency publishes the policy on its website (www.adoc.alabama.gov) and has a request for investigation form for the public to utilize for a third party request for an investigation.

TRAINING AND EDUCATION

Standard 115.31; Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of; AR 454, Inmate Sexual Abuse and Harassment; ADOC Lesson Plan for Basic PREA Training; ADOC pamphlet on "What Staff Should Know About Sexual Misconduct with Inmates;" ADOC PREA Refresher Training; PREA Test; Signed PREA Training Acknowledgement Forms; NACBF/CWC meets the mandate of this standard. Employees receive training to include, but not be limited to, the prevention, detection, response, and reporting of allegations of inmate sexual abuse, sexual harassment, and custodial sexual misconduct. The training encompasses all required areas employees need to know to ensure compliance with PREA standards requirements. Employee instruction is provided during initial training, annual in-service training, specialized training, and additional training, as needed. The training addresses all PREA requirements including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Employee training is documented by signature denoting their understanding of the PREA material delivered. The Agency's official refresher PREA training is provided every two years. However, staff confirmed during interviews they receive a section of PREA training every year during in-service training in addition to PREA training provided by the IPCM. Rosters of staff's attendance for PREA training was provided for the auditors' review.

NACBF/CWC provides training tailored to the gender of the male inmates at the facility and includes training that includes the search of transgender and intersex inmates. There were zero staff that transferred to NACBF/CWC (male facility) from a correctional facility that house only female inmates. However, policy does dedicate gender specific training searches will be administered to the staff within one year of transfer.

The IPCM created PREA Immediate Response Procedure Cards detailing the 11 steps to follow upon being a first responder to a report of sexual abuse. The IPCM numbered the steps in numerical order and advised staff to stop at step 7 and resume at step 11 for sexual harassment allegations, while continuing through step 11 for allegations of sexual abuse. Interviews with staff confirmed the IPCM conduct PREA training during monthly staff meetings, and develop PREA quiz questions as a regular

educational activity with staff while quizzing them during normal daily routines. Staff confirmed their knowledge and understanding of the Agency's written policy mandating zero tolerance towards all forms of sexual abuse and their responsibilities in regards to the policy.

Standard 115.32; Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment; Handout for Volunteers and Contractors; ADOC Lesson Plan – PREA Module for Volunteers and Contractors; A PREA Brochure for Volunteers and Contractors, and Training Acknowledgment Forms signed by Contractors and Volunteers, NACBF/CWC meets the mandate of this standard. Contractor and Volunteer orientation training includes the Agency’s policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. NACBF/CWC Volunteer and Contractor training records were reviewed and documented by signature they receipt of and understanding of the training. One contract worker and three volunteers were confirmed receipt of PREA training during interviews. Each articulated their understanding of the agency’s zero tolerance of sexual abuse and sexual harassment and their responsibility in reporting, how to avoid inappropriate relationship with inmates, prevention, detection and the response of sexual harassment or sexual abuse. The training provided, included the mandatory standard to report all incidents and knowledge or suspicions of sexual abuse or sexual harassment. NACBF/CWC has 48 volunteers and 8 contract workers who have contact with inmates and all have received the required PREA training.

Standard 115.33; Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? Yes No

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

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

Standard 115.34; Specialized training; Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment; ADOC Lesson Plan – Special Investigator Training, Training Acknowledgement for Investigators and IPCM ; Interview with Office of Intelligence & Investigation (I&I), NACBF/CWC meets the mandate of this standard. There are 24 Agency Investigators within the Intelligence and Investigative Division. I&I Investigators are assigned to conduct administrative and criminal allegations of sexual abuse allegations and/ staff involved allegations of sexual harassment within the ADOC. Documentation of training certificates confirmed the I&I investigators received training in regards to their role in PREA responsibilities that included by not limited to: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, conducting sexual abuse investigations and the collection of evidence in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. Training is documented and verified through the employee’s signature or electronically and forwarded to the Training Director for retention. The Agency’s investigators have specialized training of PREA: Investigating Sexual Abuse in a Confinement Setting Presented by the National Institute of Corrections; PREA: Your Role Responding to Sexual Abuse Presented by the National Institute of Corrections; and formalized investigative training through the Agency. Documentation of the specialized training for all Intelligence and Investigators was made available for review by the auditors. An interview with an Agency Investigator confirmed receipt of the specialized training while articulating an understanding of the training completed. The IPCM completes inmate on inmate sexual harassment investigations. Documentation of his completion of training was provided to the auditors.

Standard 115.35; Specialized training; Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AR 454, Inmate Sexual Abuse and Sexual Harassment; In-Service PREA Training for Medical Staff; Lesson Plan – SAFE/SANE; List Certified SAFE/SANE Nurses; MOU with Crisis Services, NACBF/CWC meets the mandate of this standard. The Agency employs eight medical contract workers at NACBF/CWC. These medical workers are contracted through Wexford Health Care Services. There were zero volunteers assigned to the medical department. The training curriculum provided to the medical staff includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical staff demonstrated their understanding on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report

allegations or suspicions of sexual abuse and sexual harassment during the interview process. Forensic medical examinations are conducted by SANE Nurses at Crisis Center of North Alabama. Medical staff at the facility will provide first aid care as needed without disturbing any evidence of an alleged sexual assault victim. Mental health services are provided by mental health staff employed at Limestone Correctional Facility.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41; Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization; (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization; (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization; (3) The physical build of the inmate? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454 Inmate Sexual Abuse and Sexual Harassment; SOP 454-4 Use of Screening Information; Classification Spreadsheet; Intake Risk Assessment; PREA Risk Re-Assessment; Interviews with medical and mental health staff, Intake staff/ IPCM, it is determined that NACBF/CWC meets the mandate of this standard. Policy stated the inmate shall be assessed utilizing the Risk of Victimization and Abusiveness Screening Tool to identify those at risk for being sexually abusive or sexually abuse. The initial screening shall be completed within 72 hours of the resident's arrival at the facility. The initial screening is processed by the IPCM within the first hour of the inmate's arrival. The IPCM conducted the reassessment within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. During interviews with Intake Staff and inmates, the initial screening is conducted within the first hour of the resident's arrival. The screening instrument includes whether the inmate has a mental, physical, or developmental disability, the age and physical build of the resident, previously incarceration history, whether the inmate's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. The auditors randomly reviewed numerous inmates assessments and reassessments completed. The IPCM reassesses the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the resident's safety is addressed. The Intake Staff did a fundamental job in ensuring the inmates were reassessed within a timely manner of not more than 30 days. The IPCM confirmed inmates are not ever discipline for refusing to answer, or for not disclosing completion information in response to the questions asked. The IPCM monitor those inmates who are at risk of victimization or have been sexual abuse and keep separate from inmates who have been identified as abuser during housing, program and work assignments. Information obtained during the initial assessment and reassessment is maintained and secured by the IPCM and is accessible to identified authorized staff only.

Standard 115.42; Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing;

lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AR 454 Inmate Sexual Abuse and Sexual Harassment; SOP454-4 Use of Screening Information; Inmate Housing Designation Spreadsheet; Interviews with Intake Staff and IPCM, it is determined that NACBF/CWC meets the mandate of this standard. NACBF/CWC uses information from the risk assessment 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. The ADOC uses the Inmate Movement Assignment System (AIMS) to monitor inmates in an effort to provide safety precautions in the assigning inmates. Information obtained during the screening is used by staff to make individualized determinations about how to ensure the safety of each inmate.

Transgender and intersex inmates have not been assigned to the NACBF/CWC. However, the Agency has policy outlining the use of screening information. Transgender or intersex inmate's housing is considered on a case-by-case basis, placement considers the inmate's health and safety, and whether the placement would present management or security problems. Those inmates identified as transgender or intersex would be reassessed every six months and additionally if needed. Transgender

and intersex inmate's own view with respect to his own safety is given consideration. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. The agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated unit based solely on identification or status.

Standard 115.43; Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment, and Protective Custody SOP for Limestone Correctional Facility it is determined that NACBF/CWC meets the mandates of this standard. NACBF/CWC does not have segregation housing. Inmates who have been identified at risk are immediately transferred to Limestone Correctional Facility. The Agency's Policy AR 454, Inmate Sexual Abuse and Harassment do address Protective Custody. Inmates at high risk for sexual victimization are not placed in the involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an involuntary segregated housing placement is made the placement is reviewed on a weekly basis until other housing can be found. Segregated housing

assignments will not exceed a period of thirty (30) days. Inmates placed in protective custody shall have access to program privileges, education, and work opportunities to the extent possible. If restrictions occur, the facility documents the restrictions, duration of the limitation, and reasons for the limitation. The Acting Warden confirmed the agency's policy prohibits placing inmates in involuntary segregated housing in lieu of other housing areas. There were no inmates transferred to Limestone Correctional Facility and/or placed in involuntary segregation due to being at a high risk of sexual victimization in the past 12 months of the audit.

REPORTING

Standard 115.51; Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

NACBF/CWC has policies and procedures in place that provides various methods for staff to privately report sexual abuse and sexual harassment of inmates. Interviews with a random sample of staff confirmed they may privately report any suspicion of sexual abuse or sexual harassment of an inmate by contacting their immediate supervisor, on duty security supervisor, I&I Investigator, Acting Warden and/or PREA Hotline. All allegations including anonymous allegations are investigated.

Standard 115.52; Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with Inmate Handbook; ADOC AR 454 Inmate Sexual Abuse and Harassment it is determined that NACBF/CWC is exempt from the mandates of this standard. ADOC does not have a Grievance process for the male correctional facilities. NACBF/CWC has procedures that ensure the facility has an administrative procedure for dealing with inmate allegations regarding sexual abuse. Inmates may use a PREA Dropbox to place their allegations in a Pre-Addressed envelope to the Intelligence & Investigations Division.

Standard 115.53; Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment; PREA advocacy posters; Inmate Handbook; MOU with Alabama Coalition Against Rape (ACAR); MOU with Crisis Services of North Alabama; Interviews with IPCM, NACBF/CWC meets the mandate of this standard. NACBF/CWC has a MOU with the Alabama Coalition Against Rape for advocacy services. The MOU identify the ACAR agrees to provide access to outside victim advocates ("Advocates") from one of its Centers to provide confidential emotional support services to ADOC inmates housed at each ADOC facility. The agreement outlines the services provided by the Program to include; follow-up with inmates who made direct contact seeking rape crisis services via telephone or mail or requested through ADOC; maintain active, confidential communication with ADOC staff in order to facilitate treatment for victims, consistent with the victim's right to confidentiality; to provide in person follow-up rape crisis counseling and emotional support services at the facility; and must be willing to participate in training to advance the goals and program objectives with ADOC. The ACAR agrees to keep any communications between inmates and advocates confidential. To the extent that any specific reports of sexual abuse or sexual harassment are reported to the advocate during said communications, the advocate shall provide the inmate with information as to how to report the incident to the proper authorities. The MOU dictates that the ADOC is responsible for notifying the inmate of the extent to which any communications between advocates and inmates will be monitored, and the extent to which reports of abuse will be forwarded to authorities, consistent with mandatory reporting laws. NACBF/CWC does not detain inmates solely for civil immigration.

Standard 115.54; Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61; Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; State Law, Title 26, Chapter 14, Section 26-14-3 Mandatory Reporting; ADOC Incident Report; Interviews with Random Staff, NACBF/CWC meets the mandate of this standard. ADOC policies require all staff to immediately report and document sexual abuse and sexual harassment, including third-party and anonymous reports. Staffs are prohibited from discussing information related to sexual abuse reports with anyone other than those directly involved. Medical staff is required to report sexual abuse and harassment. Inmates are provided with information on how to report allegations of sexual abuse and/or sexual harassment upon their arrival during the intake process. Interviewed staff was also knowledgeable of their responsibility to report and document all allegations immediately to their supervisor, ranking security supervisor or Acting Warden. Staff interviewed also confirmed methods of reporting the allegations of sexual abuse and/or sexual harassment privately and not sharing information reported

with those who have no need to know. Medical staff informs the inmate of their duty to report and limits to confidentiality during the initial medical screening process.

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

Interviews with the Associate Commissioner of Operations, I&I Investigator and Acting Warden confirmed all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to the Intelligence and Investigations Office.

Standard 115.62; Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454, Inmate Sexual Abuse and Sexual Harassment, Interviews with the Associate Commissioner of Operations, Acting Warden, and PREA Director, NACBF/CWC meets the mandate of this standard. Policies and the PREA training delivered to staff outline the immediate steps that are to be taken to protect inmates with a substantial risk of sexual abuse. Interviews with staff confirmed upon awareness that an inmate being subjected to a substantial risk of imminent sexual abuse, the inmate would be immediately removed from the area of potential threat. Each case is evaluated by the facility and investigative staff based upon the nature of the report to ensure the safety of the inmate. Precautionary measures may include increased supervisory rounds as appropriate and/or inmate at risk or potential predator may be moved to another housing unit. If no other options are

available, one or both of the inmates may be considered for transfer to other ADOC facilities. There were zero inmates identified as subject to a substantial risk of imminent sexual abuse during the past 12 months at NACBF/CWC.

Standard 115.63; Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; ADOC Form 454-F Reporting to Other Confinement Facilities; PREA Incident Report, NACBF/CWC meets the mandate of this standard. NACBF/CWC has policies and procedures in place to ensure upon receiving an allegation that an inmate was sexually abused while confined at another facility, The Warden of the

facility receiving the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This notification shall occur as soon as possible, but no later than 72 hours upon becoming aware. The facility in which the allegation of sexual abuse and/or sexual harassment occurred is responsible for ensuring the allegation is investigated in accordance with these standards. Notification is made electronically by the Warden of one institution to the Warden of the other institution. It was documented that one notification was received at NACBF/CWC from Limestone Correctional Facility. A review of the completed "Reporting to other Confinement Facilities" form was made available for the auditors. An investigation of the alleged sexual abuse was initiated. There was one notification made to NACBF/CWC and two notifications made from NACBF/CWC in the past 12 months of the audit.

Standard 115.64; Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment; Form 302-A Incident Report; First Responder Checklist; Investigations Mapping; Interviews with Staff, Acting Warden, IPCM, NACBF/CWC meets the mandate of this standard. First Responder duties are outlined in the AR 454, Inmate Sexual Abuse and Harassment P.18 section G, Responding to Sexual Abuse and Harassment. The policy outlines the steps for First Responder to include non-security staff, the Shift Commander, Medical and Mental Health, Investigators upon becoming aware of allegations of sexual abuse. Appropriate first responder duties are also listed within the policy for the report of sexual harassment allegations. The IPCM also developed and distributed individual cards to all staff titled “The PREA Immediate Response Procedure Card” that outlines the duties of a First Responder to allegations of sexual abuse and sexual harassment. Interviews with security staff, non-security and security staff, volunteers, contractors, and higher and intermediate level supervisors confirmed their knowledge as a First Responder to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. The responding staff is to immediately notify their immediate supervisor/Shift Commander. The Shift Commander will make further notifications. There was zero staff who served as a First Responder at NACBF/CWC. However, those interviewed were aware of their responsibilities per the requirements of this standard.

Standard 115.65; Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with AR 454 Inmate Sexual Abuse and Harassment, and Interview with the Associate Commissioner of Operations, NACBF/CWC meets the mandate of this standard. Alabama is a "Right to Work" State and no Employee Union exists at the facility to represent the staff of the NACBF/CWC.

Standard 115.67; Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency; Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency; Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency; Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency; Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency; Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency; Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency; Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency; Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; ADOC PREA Retaliation Checklist; Interviews with Staff Assigned to Monitor Retaliation (IPCM), Associate Commissioner of Operations and Acting Warden, NACBF/CWC meets the mandates of this standard. NACBF/CWC has policies and procedures in place 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, and shall designate which staff members or departments are charged with monitoring retaliation. The IPCM and Captain have been assigned to conduct retaliation monitoring. Interviews with the Associate Commissioner of Operations, Acting Warden, Staff Assigned to Monitor Retaliation/IPCM confirmed they were aware of the monitoring requirements within this standard. Specifically, each articulated the monitoring process includes individually meetings with the inmate/staff member would be conducted every 30 days up to 90 days and longer if necessary. These meetings are documented. Policies and checklist provides multiple protective measures to ensure the safety of the inmate that includes housing changes or transfers for the victim or abuser, removal of the alleged staff member or inmate abuser from contract with the alleged victim, and emotional support services for inmates or staff who fear retaliation. Staff monitors an inmate's disciplinary reports, housing, or program changes, and any negative performance review or reassignments given by staff. In investigative cases where an inmate is released from ADOC custody, monitoring will stop. ADOC facility, staff responsible of monitoring the inmate contacts the receiving institution of the continuing monitoring requirement. Staff requiring monitoring will be monitored for any disciplinary, changes in normal shift assignment, etc. Any staff and or inmate found to perform and/or participate in any form of retaliation would be held accountable for such to include disciplinary actions. There were 9 inmates placed on retaliation monitoring during the past 12 months of the audit. The IPCM who is assigned to monitor retaliation, forwarded the inmate's monitoring status to the inmate's new correctional facility via email. Confirmation of retaliation monitoring was determined through a review of documentation.

Standard 115.68; Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of; AR 454 Inmate Sexual Abuse and Sexual Harassment; Form 454-H PREA Post Allegation Protective Custody; Housing Designation Spreadsheet and Interview with Acting Warden, NACBF/CWC meets the mandate of this standard. NACBF/CWC does not have a Protective Custody housing unit. If an inmate requires segregation or protective custody, they are transferred to Limestone Correctional Facility. Limestone Correctional Facility has policies and procedures in place to ensure any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of 115.43. Interview with the Acting Warden confirmed NACBF/CWC does not have a Protective Custody Unit and inmates are immediately transferred to Limestone Correctional Facility. It was noted that zero inmates had been transferred Limestone Correctional Facility for the reasons cited in this standard.

INVESTIGATIONS

Standard 115.71; Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of SOP 306 Evidence Protocol; AR 454, Inmate Sexual Abuse and Sexual Harassment p. 22 I. 1-2 and p.23; ADOC Investigative Report; Investigative Outcome/Disposition; Investigative Review Team Minutes; Interviews with I&I Investigator and IPCM, NACBF/CWC meets the mandate of this standard. The I&I Investigator indicated during interview, a uniform evidence protocol is followed during investigations of sexual abuse and sexual harassments. Sexual abuse investigations are conducted by I&I Investigators who have been specially trained in sexual abuse investigation and training documentation was provided to the auditor.

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

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

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

Standard 115.72; Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

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

Standard 115.73; Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever; The staff member is no longer posted within the inmate's unit? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever; The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever; The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever; The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment; PREA Status Notification of Investigative Outcome; Sexual Abuse Incident Review and Interviews with I&I Investigators, Acting Warden, and IPCM, NACBF/CWC meets the mandate of this standard. Following the I&I investigation into an inmate's allegation that he suffered sexual abuse, the I&I Division shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. All notifications will be in writing and documented. These notifications are delivered to the inmate by the IPCM. A review of the closed investigative file confirmed the inmate was notified of the findings of the s are investigation and acknowledged his signature as receipt of notification.

Policy requires the alleged victim is notified and/or if the inmate had been released from custody is documented in the case files. The Agency require informing the inmate of the following information when an inmate alleges that an employee/staff member committed sexual abuse against the inmate: 1) the employee/staff is no longer with the ADOC; 2) the employee/staff is no longer employed at the institution; 3) the employee/staff has been indicted on a charge related to the sexual abuse; or 4) the employee/staff has been convicted on a charge related to the sexual abuse. This notification shall be documented.

DISCIPLINE

Standard 115.76; Disciplinary sanctions for staff

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

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to; Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to; Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment; AR 208-39 Disciplinary Sanctions for Sexual Misconduct (Staff); Incident Report it is determined that NACBF/CWC meets the mandate of this standard. The policies address disciplinary sanctions of employees up to removal for PREA related issues. The employee manual provided to all employees explains the disciplinary process to them. Staff interviews revealed an awareness of the Agency's zero tolerance policy as it pertains to sexual abuse and sexual harassment. If the employee has engaged in any conduct related to PREA allegations, they shall be disqualified for promotion. Employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies, as detailed in AR 208, Employee Standards of Conduct and Discipline.

Standard 115.77; Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment; Volunteer and Contractor PREA Training Acknowledgement it is determined that NACBF/CWC meets the mandate of this standard. ADOC has a zero tolerance involving sexual abuse and sexual harassment of inmates by contractors and volunteers. Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, (I&I), unless the allegation does not involve potentially criminal behavior. An interview with Acting Warden confirmed volunteers and contractors will be prohibited from entry into any Agency facility pending the completion of an investigation of alleged sexual abuse/harassment. Agency policies require all contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported and to relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. The I&I Division shall refer all substantiated criminal cases to the local District Attorney's office and will be available, as requested, to work with those authorities to support criminal prosecution of those cases. Volunteers and contractor staff were aware of the Agency's policy during the interview process.

Standard 115.78; Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment; Inmate Handbook; Inmate Disciplinary Hearing Report; Housing Unit Placement Form; Housing Designation Spreadsheet; Referral to Mental Health; Movement Log, NACBF/CWC meets the mandate of this standard. Disciplinary action may be taken when an investigation by the IPCM and/or I&I Investigator determines that an inmate made a false report of sexual abuse or sexual harassment. However, an inmate reporting sexual abuse or sexual harassment shall not be issued a disciplinary report for lying based solely on the fact that their allegations were unfounded or that the inmate later decides to withdraw his allegation. There were two allegations of sexual abuse reported within the past 12 months of the audit. The inmate on inmate administrative investigations completed by the I&I Investigators determined the findings to Unfounded and Unsubstantiated. At the completion of an administrative investigation conducted by the IPCM for inmate on inmate sexual harassment where the findings was determined to be Substantiated, the inmate received a disciplinary sanction for violation of Rule (s): 513 – Harassment. Documentation for the unfounded allegation of Sexual Abuse of inmate on inmate was not issued on the inmate who reported the allegation. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. Mental health referrals were made by the IPCM for inmates who reported allegations of sexual abuse and sexual harassment to ensure inmate counseling and mental health treatment was provided to victims and aggressors by mental health professionals coordinated through mental health staff assigned at nearby Limestone Correctional Facility. There were zero criminal findings that inmates committed sexual abuse in the past 12 months of the audit.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with review of AR 454, Inmate Sexual Abuse and Harassment; PREA Risk Assessment; PREA Risk Re-Assessment; Mental Health Referrals, NACBF/CWC meets the mandate of this standard. Interviews with the Classification Officer, and IPCM who conduct screening confirmed if a screening indicates that an inmate previously was a victim, he is referred to medical and mental health and seen within 14 days of the assessment. Medical staff is assigned at NACBF/CWC daily. Mental health services are provided by mental health staff assigned at the nearby Limestone Correctional Facility. Documentation of referrals confirmed upon the inmate being referred to mental health, the inmate is seen by the mental health staff within 14 days.

The Agency's has directed policies and procedures to ensure any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security and management decisions, including housing, bed, work, education, program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners confirmed during interviews that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Inmates under the age of 18 years old are not assigned at by NACBF/CWC.

Standard 115.82; Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AR 454 Inmates Sexual Abuse and Harassment; PREA Coordinated Response Protocol; MOU with Crisis Services of North Alabama, NACBF/CWC meets the mandates of this standard. The IPCM shall also refer an inmate victim immediately to an ADOC mental health professional for further treatment and counseling. A referral shall be made utilizing ADOC Form MH-008, Referral to Mental Health. Medical and mental health evaluations and treatment shall be offered to all inmates who have been victimized by sexual abuse. Policies and procedures are in place to ensure compliance of allowing inmates access to emergency medical and mental health services. Policy outlines procedures staffs are required to implement in providing timely, unimpeded access to medical treatment, and crisis intervention services to the degree determined by medical and mental health practitioners based on their professional judgment. The inmate will be provided minor first aid by qualified medical staff at the facility or through Agency contract medical staff in a manner that would not compromise the forensic examination.

All security and non-security staff have received first responder training in taking the preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners. Medical coverage is provided 24/7 with the exception of weekend coverage of 12:00 p.m. – 10:30 p.m. The inmate will be seen immediately for first aid medical treatment. Medical care other than a forensic examination will be provided by Limestone Correctional Facility medical staff to determine if the victim will be transferred for a forensic medical examination to the Crisis Services of North Alabama. The inmate victims of sexual abuse will be offered timely access to sexually transmitted

prophylaxis in accordance with medical standards of care that is medically approved. Services of medical and mental health treatment will be provided to the victim without any financial cost regardless if the victim identify the abuser or cooperate during any investigation that may result from the incident.

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment MOU with Crisis Services of North Alabama, NACBF/CWC meets the mandate of this standard. NACBF/CWC has policies and procedures in place to ensure the facility offers medical and mental health evaluation and appropriate treatment to inmates who have been victimized by sexual abuse in a correctional confinement facility. The Agency has an MOU with Crisis Services of North Alabama to provide services to the facility in addition to mental health staff at Limestone Correctional Facility. Interviews with the IPCM, mental health, and medical staff confirmed that the evaluation and treatment of victims includes as needed, follow-up service, treatment plans and referral for continued care following their transfer to or placement in other facilities or the victim's release from custody. Victims who report allegations of sexual abuse are provided with medical and mental health services consistent with the community level care. The inmate victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. NACBF/CWC does not house female inmates. All treatment of services in regards to the sexual abuse occurring at NACBF/CWC will be without cost to the victims. This includes whether or not the victim identifies his abuser or refuse to cooperate with any investigation that may arise out of the incident. An attempt shall be made to conduct a mental health evaluation of known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment.

DATA COLLECTION AND REVIEW

Standard 115.86; Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team; Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team; Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team; Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and IPCM? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AR 454, Inmate Sexual Abuse and Harassment and PREA Sexual Abuse Incident Review; Incident Review Meeting Form; Interviews with Acting Warden and IPCM, NACBF/CWC meets the mandate of this standard. ADOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of every sexual abuse investigations, unless the allegation is determined to be unfounded. An interview with the Acting Warden indicated the facility would implement recommendations that result from the review, or document the reasons for not making the implementations. A review of a closed case file revealed the Sexual Abuse Incident Review was conducted within 30 days of an alleged inmate on inmate sexual abuse. The findings of the investigation was determined to be Unsubstantiated. The team was composed of the Acting Warden, Medical Nurse, Investigator, Shift Commander at time of reported alleged sexual abuse, and IPCM. The IPCM completed detailed meeting minutes to include the agenda, participants, date, name and number of the investigation, type of investigation and findings, and all meeting content

Standard 115.87; Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AR 454 Inmate Sexual Abuse and Harassment: PREA Annual Report, and Survey of Sexual Violence (SSV) survey, it was determined the ADOC meets the mandate of this standard. The ADOC PREA Director collects accurate, uniform data for every allegation of sexual abuse at each facility within the Agency using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. The data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. ADOC reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The NACBF/CWC not contracts its inmates to other facilities. ADOC provides all data from the previous calendar year to the Department of Justice upon request. The referred data is retained securely for ten years.

Standard 115.88; Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by; Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by; Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by; Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Standard 115.89; Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of ADOC PREA Annual Report; ADOC PREA Website, NACBF/CWC and the Agency meets the mandate of this standard. ADOC policies require the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. ADOC data is retained for at least 5 years. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the ADOC website at <http://www.doc.alabama.gov> for review by the public.

AUDITING AND CORRECTIVE ACTION

Standard 115.401; Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note; The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note; a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, inmates, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

Standard 115.403; Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The ADOC website, www.doc.state.al.us/prea, confirms that the agency ensures that the auditor's final report is published on the state website. The ADOC PREA website confirmed PREA audits were completed at 15 Correctional Facilities and 13 Work Centers in 2016 and a total of 19 PREA audits were conducted in 2017. The Agency has completed 15 audits thus far in 2018, however numerous final reports are pending. The ADOC has district offices in four different regions with the most recent

audit appearing on the website in 2017, and was posted well within the 90-day requirement. ADOC meets the mandate of this standard.

AUDITOR CERTIFICATION

I certify that;

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions;

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra Dawson

July 17, 2018

Auditor Signature

Date

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

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