

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

Interim     Final

Date of Report    February 27, 2020

## Auditor Information

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Mailing Address:    14506 Lakeside View Way

City, State, Zip:    Cypress, TX 77429

Telephone:    (713) 818-9098

Date of Facility Visit:    January 13 – 15, 2020

## Agency Information

Name of Agency:

Alabama Department of Corrections

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address:    101 South Union Street

City, State, Zip:    Montgomery, AL 36130

Mailing Address:    301 South Ripley St., P.O. Box  
301501

City, State, Zip:    Montgomery, AL 36130

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information:    <http://www.doc.alabama.gov/PREA>

## Agency Chief Executive Officer

Name:    Jefferson S. Dunn, Commissioner

Email:    Jefferson.Dunn@doc.alabama.gov

Telephone:    334-353-3883

## Agency-Wide PREA Coordinator

Name:    Christy Vincent

Email:    Christy.Vincent@doc.alabama.gov

Telephone:    334-353-2501

PREA Coordinator Reports to:  
Mark Fassl, Inspector General

Number of Compliance Managers who report to the PREA  
Coordinator  
26

## Facility Information

Name of Facility: Limestone Correctional Facility

Physical Address: 28779 Nick Davis Road

City, State, Zip: Harvest, AL 35749

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <http://www.doc.alabama.gov/PREA>

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

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

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:  
Internal PREA Audit has been conducted.

### Warden/Jail Administrator/Sheriff/Director

Name: Deborah Toney, Warden III

Email: [Debora.Toney@doc.alabama.gov](mailto:Debora.Toney@doc.alabama.gov)

Telephone: 256-233-4600, ext. 101

### Facility PREA Compliance Manager

Name: Lt. Michael J. Coady

Email: [Michael.Coady@doc.alabama.gov](mailto:Michael.Coady@doc.alabama.gov)

Telephone: 256-233-4600, ext. 630

Facility Health Service Administrator  N/A

Name: Taylor McElroy

Email: [Taylor.McElroy@wexfordhealth.com](mailto:Taylor.McElroy@wexfordhealth.com)

Telephone: 256-233-4600, ext. 408

## Facility Characteristics

Designated Facility Capacity:	2459	
Current Population of Facility:	2192	
Average daily population for the past 12 months:	2180	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 - 86	
Average length of stay or time under supervision:	Click or tap here to enter text.	
Facility security levels/inmate custody levels:	Leve 5 (maximum)	
Number of inmates admitted to facility during the past 12 months:	2696	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	2669	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1812	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	320	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	60
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	17
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	800
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	18
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	12
Number of single cell housing units:	4
Number of multiple occupancy cell housing units:	9
Number of open bay/dorm housing units:	9
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	190
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

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

**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	18
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	18
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

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

### PRE-AUDIT

A Notice of PREA Audit was sent to Limestone Correctional Center (LCF) on December 3, 2019 via the Institutional PREA Compliance Manager (IPCM), Lt. Michael Coady, and the Alabama Department of Corrections Statewide PREA Director, Christy Vincent. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on January 13, - 15, 2020. At this time, this Auditor requested the pre-audit questionnaire (PAQ) be sent to during the week of December 9, 2019.

On December 9, 2019, this Auditor received a flash drive containing LCF's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit. On January 7, 2020, a tentative agenda for the PREA audit was sent the IPCM and the PREA Director for ADOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The IPCM was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

### ONSITE

The Auditor was greeted and given a history and the layout of the facility by IPCM Michael Coady. After the initial meeting, a detailed tour was provided to the Auditor.

IPCM Michael Coady lead the onsite tour. The tour began with the housing dorms. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living area. In all living areas' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the IPCM provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The ICPM provided the auditor with housing dorm rosters. In reviewing the housing rosters the auditor randomly selected two - four inmates from each living area for random inmate interviews and selected

inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Gay & Bisexual, Transgender/Intersex, Limited English Proficient, Inmates with Disabilities, Inmates who Reported Sexual Abuse and Inmates who Reported Sexual Abuse During the Risk Screening. A total of 44 inmates to be interviewed. A total of two inmates refused to be interviewed. LCF provided confidential space for the auditor to interview inmates.

LCF provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The IPCM was readily available to answer any questions and assist in any way. Staff at LCF was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditor interviewed a total of 42 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 28 staff to include the Warden, Mental Health Staff, Medical, Upper Level Supervisors, Intake Staff, Staff who Perform Risk Screening, Volunteers, staff who Monitor Retaliation, members of the Revie Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. There was an exit interview conducted at the end of the site visit.

## **POST-AUDIT**

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On February 28, 2020, the PREA audit report was submitted to the PREA Resource Center and a copy was sent to the statewide PREA Director.

## **Facility Characteristics**

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

In 1983, 1157 acres were bought in Limestone County Alabama, 96 acres is used for Security Area. Initial construction costs totaled approximately twenty-two (22) million dollars. In 1984 Limestone Correctional Facility opened as a Medium Security Level IV Facility. Six (6) dormitories were built and designed to house 874 inmates. The initial transfer of inmate to this facility took place while construction was still under way.

In 1985, John C. Calhoun Community Technical College became a part of Limestone Correctional Facility to instruct inmates in various trades such as: Construction Horticulture, Drafting, Welding, Auto Body and Adult Basic Education. In 1986 Limestone Correctional Facility was designated the facility for Male inmates who had tested positive for HIV/AIDS. These inmates were housed in the Special Unit. In 1991, A General library was placed into operation, which provides a variety of reading material. In 1995, the community Custody Dormitory (now the Honor Dormitory) was converted to a Chain Gang Operation and was the 1st facility designated for this type operation in over half of century. The Chain Gang Operation attracted large media coverage both locally and worldwide.

In 1997, the Drug Treatment Program and known as S.A. P. (Substance Abuse Program) begin at LCF. In 2008, Dormitory F opened. The departments only designed Pre-Release Program. The Pre-Release

Program is designed to facilitate an inmates' return to society, giving him the necessary skills to make a smooth transition to the work force. This dormitory has 300 beds

In 2010, The Special Housing Unit reached a capacity of 228 inmates. In 2013, Special Housing Unit closed. In 2014, all the inmates in the Special Housing Unit were released into the population of the facility.

Currently, the security operation consists of 320 Officers and Supervisors. There are Support Personnel who work in the areas as diverse as Maintenance, Vehicle Repair, Laundry and Food Service Operations, Classification and Records, Clerical, Communication and religious activities and assist the Correctional Officers.

- Currently, the facility has a capacity of 2459
- Number of acres inside the perimeter: 96
- Number of acres outside the perimeter: 1061
- Number of Operational Structures: 20
- Number of Housing Unit: 12 including Health Care
- Special Features: S.A.P., Population, Behavior Modification, Segregation, Pre-Release, Honor Dormitory, Health Care Unit, Mental Health and Behavior Modification and Life Skills.
- Academic and Vocational Education: Construction, Horticulture, Drafting, Welding, Electrical, Carpentry, Masonry and GED Program
- S.A. P, Co- Occurring Program, and After Care Programs
- Behavior Modification and Life Skill programs: Anger Management, Stress Management, Self-Concept, Personal Development, Depression, Reality Therapy, Leadership Skills, Value Clarification.
- Mental Health: Dual Diagnosis Groups and Individual assessment: Coping with Incarceration, Life after Release, Anxiety, Forgiveness, Self Esteem, Thinking for Change
- Pre-Release Courses:
- Smart Work Ethics, Parenting & Family Reintegration, Domestic Violence, Dave Ramsey's Financial Peace University, The Seven Habits of Highly Effective People, FDIC Money Smarts, Effective Communication Skills, Substance Abuse Education/Relapse Prevention, and Self-Improvement & Personal Development & Character-Building Skills.
- Elective classes are: American Sign Language, CDL, Creative Writing, Driver Improvement, Book Club, Stress Management, Substance Abuse
- Classes offered by outside volunteers: Purpose Driven Life, Christians Against Substance Abuse, The Heart of the Creator, 24/7 Dads, Parenthood Initiative Program

Limestone has a total of 163 cameras throughout the Facility. This does not include the camera' system on the perimeter or tower.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 3

**List of Standards Exceeded:** 115.11, 115.53 and 115.64

### Standards Met



**Number of Standards Met:** 40

**Standards Not Met**

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

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

a) ADOC Administrative Regulation (AR) 454, Inmate Sexual Abuse and Harassment, dated January 4, 2016 states, "This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures to implement a zero-tolerance policy for prohibiting, preventing, detecting, responding to and investigating the sexual abuse and harassment of inmates under ADOC care and control. Is the policy of the ADOC to maintain a zero-tolerance policy against inmate sexual abuse and harassment and custodial sexual misconduct. Any sexual conduct, whether inmate-on-inmate or employee-on-inmate, and whether consensual or forced, is strictly prohibited." (Page 1)

This same AR includes definitions of intersex, LGBTI, sexual abuse, sexual aggressor, sexual harassment, sexual misconduct, sexual torture, sexual victimization, sodomy, transgender, voyeurism and youthful inmate. (Pages 1 -6)

This AR also includes everyone's responsibilities as it relates to preventing, detecting and responding to sexual abuse. Implementation of these responsibilities is also included.

LCF's SOP C-31, Inmate Sexual Abuse and Harassment, echoes the same language of AR454.

b) ADOC's AR454 defines the PREA Director as "An individual designated by the Commissioner with the authority to coordinate and develop procedures to identify, monitor, and track sexual abuse rape and sexual harassment in the ADOC; maintain statistics; and, conduct practice audits to ensure compliance with Department policy and the Prison Rape Elimination Act of 2003 and Prison Rape Elimination Act National Standards (Code of Federal Regulations, Title 28, Part 115)." (Page 2)

ADOC's organizational chart lists the PREA Director under the General Council.

c) LCF has designated a PREA Compliance Manger. In ADOC, the PREA Compliance Manager is known as the Institutional PREA Compliance Manager (IPCM). AR 454 defines the IPCM as "The designated person at the facility with the time and authority to coordinate the facility's efforts to comply with the PREA Standards." (Page 2)

The IPCM of LCF holds the rank of Lieutenant and reports directly to the Warden III. LCF's organizational chart clearly identifies the position of IPCM and shows this position reporting to the Warden III.

The IPCM reports, "Overall, yes. I feel I have sufficient time to complete my PREA duties. I also have the authority to address any non-compliance issues." He also states, "I am considered a part of the executive team. I have access to all senior staff for policy development. I identify weak spots and can correct them. I also facilitate all assessments throughout the facility."

Interviews with staff at LCF revealed staff was extremely knowledgeable of their responsibilities in responding to sexual abuse. They were aware of their role in preserving evidence and keeping the victim safe. Staff are required to carry a first responder card on their person to assist them in following LCF's coordinated response.

Interviews with inmates at LCF captured an overall theme. Inmates repeatedly told this Auditor "LCF is the safest camp in Alabama." They advise staff takes PREA seriously and do not play games.

Based on the evidence gathered from documentation review, interviews with staff and inmates, LCF exceeds the requirements of this standard.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

a, b) AR454 states, "The ADOC General Counsel shall be responsible for ensuring that contracts for confinement of inmates include a provision indicating to the contracting entity its obligation to comply with the PREA standards and the ADOC's monitoring of such compliance." (Page 7)

ADOC/LCF currently does not contract to house inmates at other facilities.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The average daily population (ADP) of LCF since their last PREA audit in 2017 has been 1,280. LCF's staffing plan is predicated on an ADP of 2,459.

a) LCF's SOP C-67, Staffing Plan states, "The facility staffing plan will be developed and maintained in compliance with PREA Standard 115.13. Adequate staffing levels and the need for video monitoring have been calculated based on the following considerations..." (Page 2) This same SOP contains all elements listed in 115.133a. These elements can be found on pages 2 – 4.

SOP C-67 also outlines staff responsible for each element listed. For example, under the element "institutional programs occurring on a shift the SOP states, "Institutional programs are predominantly scheduled during day shift hours. For this reason, staffing allocated during day shifts are higher. In case when program activities occur during night shifts (graduation, family nights...etc.), the Shift Commander may request the use of overtime staff to augment staffing levels." (Page 3)

The IPCM reports he maintains LCF's staffing plan. While onsite, the Auditor reviewed LCF's 2019 staffing plan and found it compliant with this standard.

b) Each time the staffing plan is not complied with, LCF documents and justifies all deviations from the staffing plan.

LCF's SOP C-67 states, "Shift commanders will ensure the operation of their assigned shift operates in compliance with established staffing plan. Shift Commanders will take into consideration that staff call-ins will occur and utilize overtime as authorized to comply with the staffing plan. Overtime will be utilized in accordance with SOP C-41 – Voluntary/Mandatory Overtime. In the event, maximum staffing levels cannot be maintained, Shift Commanders will adjust available staff utilizing the priority list of posts in accordance with SOP A4 – Staff Manning Requirements. In circumstances where the staffing plan is not complied with (minimum staffing is not maintained), the Shift Commander will notify the on-call official, Wardens, Captains and the IPCM via email. Justification for non-compliance will be documented utilizing "Post Deviation" form. A signed copy of this form will be forwarded to the IPCM. Closing and/or reopening of posts will also be documented in the shift log." (Pages 4 and 5)

The IPCM reports, "All deviations come to me. I also check staffing levels during any reported PREA incident. I have the ability to make adjustments to staffing levels based off of real time facts."

The Auditor reviewed sixteen (16) incidents of deviations of from LCF's staffing plan. These incidents occurred from January 2019 through October 2019. Deviations were recorded on the "Post Deviation" form as outlined in SOP C-67. Reasons for the deviations ranged from staff call-ins, to staff being assigned hospital detail to staff being unavailable due to training.

c) LCF's SOP C-67 also states, "Whenever necessary, but no less frequently than once a year, the Warden III/designee will consult with the Departmental PREA Director to assess, determine and document whether adjustments to the Staffing Plan are necessary regarding: Video and other monitoring technologies. A needs assessment and recommendations for improvements/additional to video and other monitoring technologies will be included in the annual staffing plan; Resources available to commit to ensure adherence to the staffing plan; and Purchase requests for improvement pertaining to the prevention and detection of sexual abuse will be included in the staffing plan." (Page 4)

ADOC's AR454 states, "The PREA Director shall meet with the Warden annually to assess and documents if any adjustments are needed to the staffing plan, video monitoring systems and other monitoring technologies. Facilities will document the review utilizing ADOC Form 454-J, Annual PREA Staffing Plan Review." (Page 14)

The Auditor reviewed LCF's ADOC Form 454-J, dated May 30, 2019. This form was signed by the LCF Warden, PREA Director, LCF Captain, and LCF's IPCM. This form also covers the elements of the staffing plan identified in 115.13a.

The Auditor also reviewed completed "Secure Facility Vulnerability Assessment" dated January 9, 2019 and May 30, 2019. This assessment looks at: lighting and surveillance cameras, blind spots/areas not visible by employees, common areas on campus, radio communication, office areas, bathroom areas, visitation areas, and supervision of inmates. This assessment looks for areas of deficiency and how LCF plans on addressing these deficiencies. LCF completed identified deficiencies on February 8, 2019 and May 30, 2019.

d) ADOC's AR454 echoes the language found in this standard.

LCF's SOP C-31 states, "Intermediate and higher staff (Sergeant or above) conduce and document unannounced rounds to identify and deter sexual abuse and harassment. Rounds shall be conducted on day shifts as well as night shifts. Alerting staff of the rounds occurring is prohibited unless there is a legitimate operational need to do so. Violation of this policy may result in corrective action. Additionally, the Warden, IPCM, or Shift Commander must conduct at least one unannounced facility round on each shift, with a minimum of three checks per week, in order to deter staff sexual abuse and harassment. Unannounced rounds will be documented on ADOC Form 454-G (Log of Unannounced Rounds). Rounds will also be documented in ledgers located at various posts. (See SOP C-67, Staff Plan). A copy of completed form will be forwarded to the IPCM." (Page 8)

LCF's SOP C-67 echoes this same language.

The Auditor reviewed twenty-three (23) completed ADOC Forms 454-G from the past twelve (12) months. These forms documented unannounced facility PREA checks on all shifts. These forms also document PREA hotline checks may by the upper-level supervisors on their rounds.

The Auditor interviewed two upper-level supervisors who conduct unannounced rounds. Both advise their documentation of their unannounced rounds includes the time the round starts, the time they left the shift office and anything they found while conducting the round. When asked about how they prevent staff from alerting other staff of the round, one supervisor reports, "You can't avoid it. You just have to address it with disciplinary action if it happens." Supervisors report disciplinary action involves a formal write up.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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.*

This standard is N/A as LCF does not house youthful offenders. This was confirmed through documentation review, a tour of the facility and interviews with administration and staff.

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

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

### 115.15 (a)

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

### 115.15 (b)

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

### 115.15 (c)

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

### 115.15 (d)

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

### 115.15 (e)

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

## 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

LCF does not conduct cross-gender strip or cross-gender visual body cavity searches in inmates.

a) ADOC AR454 states, "Employees/staff members shall not conduct cross-gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The institution shall not conduct cross-genders pat down searches of female inmates, except in exigent circumstances." (Page 14)

LCF SOP C-31 states, "Employees shall not conduct cross-gender searches or cross-gender visual body cavity searches on inmates except in exigent circumstances or when performed by medical practitioners." (Page 8)

This same language also appears in LCF SOP C-2, Searches. (Page 5)

ADOC AR336, Searches, dated February 8, 2016 states, "Law Enforcement staff shall not conduct cross-gender unclothed searches or cross-gender visual body cavity searches except in circumstances or when performed by medical practitioners." (Pages 4 and 5)

There were no non-medical staff involved in cross-gender strip or visual searches at LCF.

There have been no medical staff involved in cross-gender strip or visual searches at LCF.

b) NA LCF is a male only facility.

c) AR454 states, "Employee/staff members shall document on the shift log and ADOC Form 302-A, Incident Report, all cross-gender strip searches, cross-gender visual body cavity searches and cross-gender pat down searches of female inmates. The institution shall give justification on ADOC Form 302-A as to what exigent circumstance prompted the search." (Page 14)

LCF SOP C-2 states, "Shift commanders shall document on the shift log and ADOC Form 302-A, Incident Report, all cross-gender strip searches and cross-gender visual body cavity searches." (Page 5)

This same language is also located in LCF SOP C-31.

d) LCF 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 them in a state of undress.

ADOC AR454 contains the same language found in this standard. (Page 14)

LCF SOP C-2 states, "Inmates will be able to shower, perform bodily functions, and change clothing without non-medical 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. Such circumstances shall be preceded by an announcement of opposite gender being present in the area." (Page 5)

This same language is also found in LCF SOP C-31.

While observing the shower and restroom areas in the dorms, the Auditor found the following:

- B, E, I, J, K, L, Dorms have the same set up. Showers and toilets are single stalls with appropriate covers to protect privacy of the inmates. Victim advocacy and PREA Hotline numbers are painted on the wall above the phones. PREA reporting signs and Notice of Audits were also present.
- C and D Dorms (Segregations and Protective Custody) have the same set up. Showers and toilets are single stalls with appropriate covers to protect privacy of the inmates. Victim advocacy and PREA Hotline numbers are painted on the wall above the phones. PREA reporting signs and Notice of Audits were also present.
- G Dorms is for SAP residents only. It is an open bay with, a  $\frac{3}{4}$  foot wall surrounding the open showers and toilets. This is also a gender specific post due to the open showers and toilets. Victim advocacy and PREA Hotline numbers are painted on the wall above the phones. PREA reporting signs and Notice of Audits were also present.
- FDC Dorm is also open bay housing with open bay community showers, protected by a curtain. Victim advocacy and PREA Hotline numbers are painted on the wall above the phones. This is a gender specific post due to the open bay set up. PREA reporting signs and Notice of Audits were also present.
- H1/H2 Dorm It is an open bay with, a  $\frac{3}{4}$  foot wall surrounding the open showers and toilets. This is also a gender specific post due to the open showers and toilets. Victim advocacy and PREA Hotline numbers are painted on the wall above the phones. PREA reporting signs and Notice of Audits were also present.

e) LCF has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

ADOC AR454 states, "The facility staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of the broader medical examination conducted in private by medical practitioner." (Page 15)

This same language is also found in LCF SOP C-2 and LCF SOP C-31.

All staff interviewed reports searching an inmate for the sole purpose of determining what genitalia the inmate may have is strictly prohibited.

The Auditor interviewed nine (9) inmates who identified as being transgender females. All inmates interviewed report they have never been searched solely for staff to determine what genitalia is present. LCF has zero intersex inmates assigned to the facility.

f) 100% of security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates.

ADOC AR45 states, "The agency shall train security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." (Page 15)

All staff interviewed report receiving training on cross-gender and transgender/intersex pat-down searches.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

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

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

### **115.16 (a)**

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

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

LCF has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the LCF's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a, b, c) ADOC AR454 states, "All inmates shall be provided, by the IPCM, accessible education formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service; be giving verbal, visual, and written information regarding PREA during orientation upon their transfer to any ADOC institution." (Page 13)

LCF SOP C-31 contains the same language as AR454. (Page 7)

ADOC has established a partnership with the Alabama Institute for Deaf and Blind (AIDB) (Huntsville Regional Center, who serves LCF). AIDB is the nation's most comprehensive education, rehabilitation and employment system serving deaf, blind, deaf-blind and multi-disabled individuals and their families. AIDB provides interpretive services to inmates at LCF who have been identified as deaf, hearing impaired, blind or visually impaired.

In addition to services provided by AIDB, LCF's ICPM is bilingual (English and Spanish) and staff can use Google Translate for any other language needed to communicate with inmates who are limited English proficient (LEP).

During the tour of LCF, the Auditor observed PREA information signs on zero-tolerance and how to report in English and in Spanish.

LCF also provides risk assessments, PREA brochures, PREA orientation and signed acknowledgments in Spanish.

The Auditor interviewed one inmate who was deaf. Communication was done through the Auditor writing down questions in a yes and no format. The inmate was then able to read the question and shake his head yes or no. He indicated he was told how to report sexual abuse and had access to a phone system to make reports if needed. He also shared he felt sexually safe at LCF.

The Auditor also interviewed one inmate who only spoke Spanish. Communication was done through the use of Google Translate. He stated he received information on PREA in Spanish. He felt staff was very respectful and would take a report of sexual abuse seriously. He also stated he felt comfortable at LCF.

LCF also has the Inmate Handbook available in braille for those inmates who are visually impaired and can read braille.

All staff stated the use of inmate interpreters is prohibited. Many staff reported if it was an emergency, they contact their supervisor in order to gain permission to use an inmate interpreter.

Based on the evidence gathered from documentation review and interviews with staff and inmates, LCF is compliant with this this standard.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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



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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

a) ADOC AR454 states, "ADOC Hiring and Promotion: Departmental Policy prohibits the hiring and promotion of an employee or contractor who may have contract with inmates who..." The language in this policy echoes the language in this standard. (Page 12)

ADOC AR216, Background Investigations, dated December 7, 2015 states, "Applicants shall not be considered for employment...With a record of sexual abuse in prison, jail lockup, community confinement facility, juvenile facility, or other institutions; With a conviction 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; with a history of having been civilly or administratively adjudicated to have engaged in the activity, as described in paragraphs (3) and (4) above." (Page 2)

ADOC Form 216B, dated May 24, 2016, "Prison Rape Elimination Act (PREA) Compliance Form," asks the questions outlined in this standard.

b) ADOC AR216 states, "ADOC shall consider any incidents of sexual harassment in deciding whether to hire or promote any employee or contractor." (Page 13)

This same language can be found in ADOC AR216, Background Investigations, dated December 7, 2015 has the same language as AR454. (Page 2)

c, d) LCF has policies in place requiring criminal background checks on new hires, employees up for promotion and rechecks of current employees.

ADOC AR454 states, "The Director of I&I/Designee is responsible for conducting of a CRBC (Criminal Records Background Check) for all eligible candidates for employment in I&I positions, support positions, reemployment, rehires, part-time rehires, all contract candidates, including promotional candidates." (Page 2)

ADOC AR454 has the same language. (Page 12)

e) ADOC AR454 states, "The Director of Personal/Designee is responsible for conducting a CRBC on all eligible candidates for new appointments in law enforcement positions regarding all potential ADOC employees from prior institutional employees. The Director of Personal/Designee shall conduct a CRBC on all current ADOC and contract employers at least once every five years." (Page 2)

This language also appears in ADOC AR216. (Page 3)

The Auditor reviewed a spreadsheet listing all background checks completed on contractors throughout the State of Alabama. This spreadsheet was created by IT personnel at the ADOC's Central Office in Montgomery, Alabama.

f) ADOC AR454 states, "Before hiring a new employee or contractor, the ADOC Personal Division or designee shall...Ask potential employees and contractors about previous misconduct described in Paragraph V.A.4a above; (refer to AR216, Background Investigation and ADOC Form 216-B, PREA Compliance..." (Page 12)

ADOC AR216 states, "The Director of I&I/Designee shall perform CRBC for all candidates submitted for support positions, promotions, reemployments, rehires, part-time retirees, and all contract employees. The Deputy/Associate Commissioner shall receive the names of the candidates for promotion from the Warden/ Division Director. The Deputy/Associate Commissioner shall submit the names of the candidates for promotion to the Director of I&I/Designee. The Director of I&I/Designee shall perform the CRBC for submitted candidates. The Director of I&I shall report the results of the CRBC to the appropriate Deputy/Associate Commissioner. Upon receiving the results of the CRBC, the appropriate Deputy/Associate Commissioner shall determine the candidate(s) for promotion. Ensure proper documentation on the appropriate form and forward completed form on a weekly basis, to ADOC personnel for inclusion in the ADOC Form 216-E, CRBC Master Log." (Pages 3 and 4)

The Auditor reviewed samples of the ADOC Form 216-E, CRBC Master Log and found it met ADOC policy as well as the requirements for this standard.

g) ADOC AR454 states, "Before hiring a new employee or contractor, the ADOC personal Division or designee shall...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." (Page 13)

h) ADOC Form 216-A, Waiver and Authorization to Release Information," must be completed before information will be released to potential employers.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

a, b) N/A There has been no updates to technology or building expansion since LCF's last PREA audit in 2017.

## RESPONSIVE PLANNING

## Standard 115.21: Evidence protocol and forensic medical examinations

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

### 115.21 (a)

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

### 115.21 (b)

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

### 115.21 (c)

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

### 115.21 (d)

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

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

ADOC and LCF are responsible for conducting criminal and administrative investigations of all allegations of sexual abuse.

a, b) ADOC follows a “National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” when conducting sexual abuse investigations.

ADOC AR454 states, “Upon learning of an allegation of a PREA related incident, the first responder staff shall: Ensure that the victim(s), aggressor(s), and witnesses are physically separated; Protect and preserve the crime scene until appropriate steps can be taken to collect evidence; Request that the victim not bathe, wash, brush his teeth, eat, drink, smoke, urinate, or defecate; and If the first responder staff not security staff, the responder should request the alleged victim not take any actions that would destroy evidence and notify a security staff.” (Page 17)

All staff interviewed were familiar with the evidence protocol for LCF.

c) ADOC AR454 states, “The Shift Commander shall...Take alleged victim to the medical unit for a medical evaluation. The Medical Staff shall determine whether a Sexual Assault Kit is needed. The Sexual Assault Kit will be conducted at an authorized SANE or SAFE center.” (Page 18) This same AR also states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident.” (Page 19)

In the past 12 months LCF has had seven (7) forensic exams conducted by SANE/SAFE.

The Auditor interviewed to inmates who reported sexual abuse. Both inmates reported they had a SANE exam. They also reported they were not charged for this service.

There were no SANE/SAFE onsite for the Auditor to interview.

d, e) ADOC has a partnership with Alabama Coalition Against Rape for victim services and advocacy. The Crisis Services of North Alabama is the member Rape Crises Center that service LCF. This service provides forensic exams by Forensic Nurse Examiner (FNE), advocacy, and crisis interventions.

Both inmates interviewed who reported sexual abuse and had a forensic exams report advocates were made available to them during the exam. They both advise they are currently receiving mental health services through LCF but are no longer requesting advocacy services.

The IPCM states the Crises Center will send a SANE to the hospital to conduct the forensic exam.

f) N/A ADOC/LCF are responsible for criminal and administrative investigations for sexual abuse.

Based on the evidence gathered from documentation review and interviews with staff and inmates, LCF is compliant with this this standard.

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

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

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

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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In the past 12 months, LCF has had sixteen (17) allegations of sexual abuse. Of these allegations, three (3) resulted in administrative investigations and fourteen were referred for criminal investigation.

a) ADOC AR454 states, "Any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported to the IPCM, PREA Director, and the I&I Investigator immediately, in accordance with AR302, Incident Reporting." (Page 19)

b) ADOC publishes ADOC AR454, which outlines departmental policies and procedures that address prohibiting, preventing, detecting, and responding to allegations of sexual abuse and custodial sexual misconduct involving inmates in ADOC custody on its website. That URL is <http://www.doc.state.al.us/PREA>.

c) N/A ADOC/LCF is responsible for criminal investigations.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

100% of LCF staff have received PREA training.

a, b, c, d) ADOC AR454 states, "Employees shall receive training to include, but not limited to, the prevention, detection, response, and reporting of allegations of inmate sexual abuse, sexual harassment, and custodial sexual misconduct. Such training shall encompass all required areas employees need to know to ensure compliance with PREA standard requirements. Employee instruction shall be accomplished during initial training, annual in-service training, specialized training, and additional training, as needed. Employee training shall be documented to denote employee understanding of material and verified through employee signature and refresher training shall be accomplished at least every two years." (Page 11)

The Auditor reviewed the curriculum, "Prison Rape Elimination Act (PREA) Employee Training, dated January 2016. This five-hour course is geared toward ADOC personnel, ADOC Contract Personnel, Vendor and Volunteer Personnel. This training addresses all the subsections in 115.31a, as well as, addresses both male and female inmates.

LCF did not conduct any formalized employee PREA training during 2019. However, the Auditor did review training rosters and signed acknowledgments from training held in 2018.

All staff interviewed were able to articulate topics covered during training.

The IPCM has also created a PREA Bulletin Board located by the employees' time clock. This has PREA reporting information and asks the PREA question of the week.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## **Standard 115.32: Volunteer and contractor training**

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

#### **115.32 (a)**

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

#### **115.32 (b)**

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

#### **115.32 (c)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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a, b, c) ADOC AR454 states, "Employees shall receive training to include, but not limited to, the prevention, detection, response, and reporting of allegations of inmate sexual abuse, sexual harassment, and custodial sexual misconduct. Such training shall encompass all required areas employees need to know to ensure compliance with PREA standard requirements. Employee instruction shall be accomplished during initial training, annual in-service training, specialized training, and additional training, as needed. Employee training shall be documented to denote employee understanding of material and verified through employee signature and refresher training shall be accomplished at least every two years." (Page 11)

The Auditor reviewed the curriculum, "Prison Rape Elimination Act (PREA) Employee Training, dated January 2016. This five-hour course is geared toward ADOC personnel, ADOC Contract Personnel, Vendor and Volunteer Personnel. This training addresses all the subsections in 115.31a, as well as, addresses both male and female inmates.

LCF did not conduct any formalized employee PREA training during 2019. However, the Auditor did review training rosters and signed acknowledgments for volunteers and contractors for PREA training held in 2018.

Both volunteers interviewed were able to articulate topics covered during training. They were familiar with the zero-tolerance policy and knew how to report sexual abuse.

The IPCM has also created a PREA Bulletin Board located by the employees' time clock. This has PREA reporting information and asks the PREA question of the week.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

a, b, c, d, e) ADOC AR454 states, "All inmates shall: Be given verbal and written, understandable information explaining the ADOC's zero tolerance PREA policy including how to report sexual abuse and harassment upon their initial intake into an ADOC institution; Receive a comprehensive educational orientation by an IPCM on the ADOC's zero tolerance PREA policy and how to report sexual abuse and harassment within 30 days of their arrival into an ADOC institution; Be provided, by the IPCM, accessible education formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), no relying on inmates for this service; and Be given verbal, visual, and written information regarding PREA during orientation upon their transfer to any ADOC institution." (Page 13)

This same AR also states, "Inmate PREA educational information shall include: Prevention of sexual abuse and harassment; Self-protection; Methods of reporting; and Treatment and counseling availability." (Pages 13 and 14)

Intake Staff state all inmates are provided information on LCF's zero-tolerance policy and how to report sexual abuse immediately at intake. Intake Staff state once inmates get all of their paperwork completed at intake, they are then provided a formal orientation covering PREA.

All inmates interviewed reported receiving information on PREA the day they arrived at LCF.

The Auditor also reviewed a random sample of signed acknowledgements from inmates showing they received PREA Orientation at intake. These signed "Inmate Awareness Acknowledgements" are done on ADOC Form 454-A. The Auditor also reviewed Orientation Sign In Sheets from January 2019 to November 2019.

f) Throughout the tour of LCF, the Auditor noted multiple PREA posters in English and in Spanish in all housing dorms, visitation, recreation, gym, chapel, college classrooms, pre-release classrooms, and dining hall.

Based on the evidence gathered from documentation review and interviews with inmates, LCF is compliant with this this standard.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)

Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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a, b, c) ADOC AR453 states, "Investigators and other ADOC employees with PREA related responsibilities shall receive additional training related to their roles to include, but no 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 shall be documented and verified through employee signature and forwarded to the Training Director for retention." (Page 11)

ADOC/LCF investigators have completed online course through the National Institute of Corrections (NIC) titled: PREA: Investigating Sexual Abuse in a Confinement Setting. Investigators have also completed 24 hours training through ADOC titled: PREA Specialized Investigations training.

Both trainings meet the requirements of this standard.

The Auditor also reviewed certificates of completion for all investigators.

While onsite, the Auditor was able to interview one ADOC investigator. He described both trainings and stated they covered interviewing victims, evidence collection and use of Miranda versus Gerrity.

LCF's IPCM is responsible for conducting administrative investigations. He has completed the training "Sexual Harassment Investigation Training." This training was completed in 2018.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.



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

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (b)

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

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

a) ADOC AR454 states, "Medical and mental health employees, shall receive additional training to include, but not limited to: How to detect and assess signs of sexual abuse and harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and harassment; How to report allegations of suspicions of sexual abuse and harassment; Recognizing the special medical and mental health needs of all inmates; Factors to consider in an inmates' risk of sexual victimization. Training shall be documented to denote employee understanding of material and verified through employee signature." (Page 12)

The Auditor interviewed medical and mental health staff. Both report receiving specialized PREA training in addition to the PREA training they received through the department.

b) N/A Medical staff at the facility do not conduct forensic exams.

c, d) The Auditor reviewed records medical and mental health services who attended "Prison Rape Elimination Act & What Healthcare Providers Need to Know." In 2018 and 2019, fifty-five (55) healthcare professionals completed this training. These same providers also completed "PREA Contract Training" at the Limestone Training Center. The Auditor also reviewed training certificates showing "PREA: Your Role Responding to Sexual Abuse" was also completed online through the NIC in 2019.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian,

bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

LCF has three designations to determine risk level of sexual victimization: Victim (higher risk to victimized); Predator (higher risk to be sexually aggressive); and No Designation (scores neither high as victim nor predator).

The Auditor has reviewed Male Classification Manual which outlines the classification system and how to complete the PREA Risk Factors Checklist.

a, b) ADOC AR454 states, "All ADOC facilities shall adhere to the following intake procedures when processing all inmates into all ADOC facilities: All inmates, at initial intake, shall be screened within 72 hours utilizing ADOC Form 454-C, PREA Risk Factors Checklist, for potential risk of sexual vulnerability and potential risk for sexual aggression; Upon transfer to another facility, all inmates shall be screened with 72 hours utilizing ADOC Form 454-C, PREA Risk Factors Checklist, for potential risk of sexual vulnerability and potential risk of sexual aggression." (Page 15)

LCF SOP C-29, Designated Housing, states "Upon arrival at Limestone Correctional Facility, all inmates shall be screened within 72 hours utilizing ADOC Form 454-C, PREA Risk Factors Checklist, for potential risk of sexual vulnerability and potential risk of sexual aggression." (Page 2)

In the past twelve months, 2,696 inmates were admitted to LCF. Of this number, 1,813 inmates had a length of stay longer than 30 days.

Classification Staff at LCF report the initial screening (PREA Risk Factors Checklist) is completed the day inmates arrive at LCF.

All inmates interviewed report they were asked the "PREA questions."

The Auditor reviewed documentation supporting the practice of LCF completing the initial assessment on the day of intake.

c, d, e) LCF uses the PREA Risk Factors Checklist to assess inmates on their risk for victimization and their risk for predation.

ADOC AR454 states, "A Classification Specialist shall complete the ADOC Form 454-C, PREA Risk Factors Checklist: This will include an interview with the inmate and review of prior known information in order to determine the inmate's potential risk of sexual vulnerability and/or sexually aggressive behavior..." (Page 15)

LCF SOPC-29 contains the same language found in AR454. (Page 2)

Classification staff report the checklist looks at safety, sexual identification/orientation, stature of the inmate, first time incarceration, gang affiliation and criminal history. Classification staff also report the checklist interview is done in an office away from other inmates.

The Auditor reviewed the PREA Risk Factors Checklist and found all elements of this standard are incorporated.

f, g, h) ADOC AR454 states, "All inmates shall be reassessed for risk of sexual victimization and abusiveness with 30 days of intake. In addition, upon receipt of additional information that bears on an inmate's risk of sexual victimization or abusiveness, an additional screening will be conducted. During the time of any of these assessments, the ADOC shall take no formal or informal disciplinary action should an inmate refuse to participate or answer any screening questions." (Page 16)

At LCF, the IPCM is responsible for conducting all reassessments.

The IPCM enjoys doing the checklist reassessments as it helps him have contact with inmates. It also allows the inmates to know who he is and what he does at the facility.

The Auditor reviewed documentation supporting the practice of LCF completing reassessments within 30 days of intake and upon request.

i) This same AR also states, "There will be appropriate controls on the dissemination of screening information so as to ensure each inmates' sensitive information is not exploited." (Page 16)

All PREA Risk Factors Checklist are scanned into an ADOC database Information Systems Director. Only those individuals with the proper credentials can access this database.

ADOC AR454 states, "The Information Systems Director shall be responsible for developing: A method of electronically documenting PREA risk assessments; A method of controlling access to electronic PREA risk assessments; A method of electronic identification within the Inmate Management System (IMS) that will assist in alerting the appropriate employee/staff members of inmates who are at a high risk of victimization or inmates who are potential aggressors; Any additional Ad Hoc reports." (Page 9)

Classification Staff report only classification staff, administrative support staff, administration have accessed to the answers on the checklist. The IPCM keeps the onsite forms in a locked cabinet in his office.

Based on the evidence gathered from documentation review and interviews with staff and inmates, LCF is compliant with this this standard.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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



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

### **Instructions for Overall Compliance Determination Narrative**

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

a, b) ADOC AR454 states, "All information obtained during the screening process and PREA Mental Health Assessment shall be used to assist in the initial classification and institutional assignment of the inmate as well as determine work, education, and programs, in accordance with ADOC Classification Manual, AR433, Administrative Segregation and Housing for Close or Maximum Custody, and AR43, Protective Custody, with the goal of keeping separate those inmates at high-risk of being sexually victimized from those at high-risk of being sexually abusive." (Page 14)

LCF SOPC-29 states, "If the Checklist, interview or prior known information reflects that an inmate is at high risk to be victimized or screens as sexually aggressive, the Specialist will recommend further review by a Mental Health Professional prior to assigning permanent housing. The specialist will enter the required information on the "Classification Intake/Transfer spreadsheet located on the Limestone Network Share Point." (Page 2)

The same SOP also states, "The IPCM will track the housing location of inmates designated as being at risk for sexual victimization and/or sexual abusiveness utilizing the "Housing Designation" Spreadsheet located on the Limestone Network Sharepoint." (Page 3)

LCF SOPC-29 also designates which dorms and cell numbers are to be used for inmates at risk of sexually abusive behavior and inmates who are identified as being at risk for sexual victimization.

The Auditor reviewed the Housing Designation Spreadsheet while onsite.

Both the Classification Staff and IPCM state the checklist is used for housing assignments, module and bed assignments.

c, d, e, g) ADOC AR454 states, "ADOC shall not place LGBTI inmates in a dedicated facility, unit, or dorm solely on the basis of such identification or status." (Page 15)

LCF SOPC-29 contains the same language as AR454. (Page 4)

AR454 also states, "A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, ADOC shall consider on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems." (Page 15)

Classification Staff and IPCM state every inmate's view of their own safety is always taken into consideration when determining housing assignments.

All transgender inmates interviewed reported they are currently housed in general population. They report they have never been housed solely on their gender identification.

Auditor reviewed all transgender inmates' reassessment and found they were all done in accordance to this standard.

f) ADOC AR454 states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates." (Page 15)

LCF SOPC-29 contains the same language as AR454. (Page 4)

Classification staff and the IPCM report each dorm has private individual shower stalls. However, if any inmate had concerns about showering in their dorm, it would be addressed immediately.

All transgender inmates report there are private showers in their dorms. They feel safe taking a shower.

Based on the evidence gathered from documentation review and interviews with staff and inmates, LCF is compliant with this this standard.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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LCF has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made.

a) ADOC AR454 states, "The Warden/Director is responsible for ensuring that inmates at high-risk for sexual victimization are not placed in involuntary segregation (e.g. Administrative Segregation, Protective Custody) unless an assessment of all available alternative means have been made and there are no other available alternatives." (Page 9)

This same AR further states, "Inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available. (See ADOC Form 454-H, PREA Post Allegation Protective Custody) (Page 23)

The IPCM reports involuntary segregation is used as a last resort.

In the past twelve months there has been no instances where an inmate was placed in involuntary segregation due to being at high risk for sexual victimization.

Interviews with inmates revealed when or if they report sexual abuse there is no fear of being placed segregation for making the report.

b, d) ADOC AR454 states, "In cases where segregated housing is the only means to protect such an inmate, the inmates shall have access to all programs, privileges, education and work opportunities, to the extent possible, and it shall only be until an alternative means of separation from likely abusers can be arranged, a time not ordinarily to exceed thirty (30) days. In these cases, the facility shall clearly document: The basis for the facility's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged." (Page 23)

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

c, e) This same AR also states, "Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population." (Page 23)

Based on the evidence gathered from documentation review and interviews with staff and inmates, LCF is compliant with this this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

### 115.51 (a)

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

### 115.51 (b)

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

### 115.51 (c)

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

### 115.51 (d)

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

## Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

LCF has multiples ways for inmates to report sexual abuse in place.

a, c) ADOC AR454 states, "Inmates may report sexual abuse or harassment verbally, in writing, through a third party or anonymously. They may file a grievance, call the PREA hotlines, deposit a complaint in the PREA drop box (a secured receptacle located at each 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 as indicated in this policy." (page 21)

All staff interviewed were able to identify multiple ways inmates could report sexual abuse. Most identified telling staff, calling the PREA hotline or using the PREA box as ways inmates could report. Staff also reported all verbal reports must be documented immediately.

All inmates interviewed reported multiple ways they could report sexual abuse. Most identified telling staff, specifically the IPCM, calling the PREA hotline or writing a letter.

During the tour of LCF, the Auditor noted PREA bulletin boards in every housing dorm. These bulletin boards identified multiple ways to report PREA in English and in Spanish.

This same information can also be found in the Inmate Handbook.

b) LCF does not detain inmates solely for civil immigration purposes.

Inmates at LCF can report to I&I Investigative Division in Montgomery via a preaddressed envelope marked "Legal Mail," and through the PREA Hotline. Supervisors at LCF check the phones daily to ensure they are in working order. These checks are also documented.

The Auditor was provided documentation from LCF showing these checks were made and received documentation from Central Office confirming these checks.

d) When staff were asked how they could privately report sexual abuse of an inmate, all staff responded with "why would I privately report?" Staff stated all knowledge or suspicions of sexual abuse would be immediately reported to their supervisor. When given the scenario of possible being uncomfortable with their supervisor or if they needed to report their supervisor, staff reported they would then report to the IPCM. Staff also report they can use the PREA hotline if needed or they can contact I&& as a last resort.

Based on the evidence gathered from documentation review and interviews with staff and inmates, LCF is compliant with this this standard.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

### 115.52 (e)

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

### 115.52 (f)

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

### 115.52 (g)



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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ADOC is exempt from this standard as it does not have administrative procedures to address inmate grievances regarding sexual abuse.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

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

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

#### 115.53 (a)

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

#### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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a, b, c) ADOC AR454 states, "Victims of sexual abuse at the facility shall be referred immediately to Medical. Victims shall receive timely, unimpeded access to emergency medical treatment and crises intervention services..." (Page 18)

ADOC has a partnership with Alabama Coalition Against Rape (ACAR) for victim services and advocacy. The Crisis Services of North Alabama is the member Rape Crises Center that service LCF. This service provides forensic exams by Forensic Nurse Examiner (FNE), advocacy, and crisis interventions.

Information on outside support services is also available on PREA information posters located throughout the facility in English and in Spanish. Information on the posters include a 1-800 phone number and address for mailing confidential letters.

ACAR also provides letters to victims and their families outlines support services they can receive. They also provide them information on their rights as a sexual assault survivor.

Both inmates interviewed who reported sexual abuse and had a forensic exams report advocates were made available to them during the exam. They both advise they are currently receiving mental health services through LCF but are no longer requesting advocacy services.

Based on the evidence gathered from documentation review and interviews with staff and inmates, LCF has been found to exceed this this standard.

## 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.*

a) ADOC AR454 states, "Inmates may report sexual abuse or harassment verbally, in writing, through a third party or anonymously. They may file a grievance, call the PREA hotlines, deposit a complaint in the PREA drop box (a secured receptacle located at each 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 as indicated in this policy." (page 21)

ADOC website (<http://www.doc.state.al.us/InvestigationRequest>) provides an avenue for family and friends to report sexual abuse.

Based on the evidence gathered from documentation review and interviews with staff and inmates, LCF has been found to have met this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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All staff at LCF are required to report any knowledge or suspicion of sexual abuse immediately.

a) ADOC AR454 states, "ADOC employees/staff who receive any information, including verbal, written, third-party reports and anonymous complaints, concerning inmate sexual abuse, sexual harassment, and custodial sexual misconduct; retaliation against inmates or staff who report such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or violation, shall immediately report the incident through their chain of command. Any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported to the IPCM, PREA Director, and the I&I Investigator immediately, in accordance with AR 302, Incident Reporting." (Page 19)

All staff reported they are mandated to report sexual abuse. When asked if there were consequences for not reporting, staff reported they would be disciplined. This would include possible termination to possibly being charged criminally.

The Auditor reviewed twenty-three (23) Incident Reports of sexual abuse and sexual harassment at LCF. All Incident Reports were completed according to policy and meet the requirements of this standard.

b, c) This same AR states, "An employee/staff shall not reveal any information related to the incident to anyone other than to the extent necessary to make treatment, investigation, and management decisions. Initial interviews of potential sexual abuse victims should be limited to only that information necessary to protect the victim from immediate harm until an Investigator arrives for a more detailed interview." (Page 19)

All staff interviewed reported confidentiality is a requirement when working at LCF.

d) LCF does not house youthful offenders.

e) IPCM and Investigators state all reports, no matter where they originate, are treated the same. If a report of sexual abuse comes from family or friends or is made anonymously, it is treated seriously. All protocols are initiated as if the report was filed by the victim.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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 the past twelve months, there has been zero reports of inmates being in imminent danger of sexual abuse.

a) ADOC AR454 states, "Institutional PREA Compliance Manager (IPCM) shall be responsible for...Recommending placement and/or transfer of inmates involved in all PREA related incidents with the approval of the Warden/designee and taking immediate action when an inmate is subject to a substantial risk of imminent abuse." (Page 10)

IPCM reports if it is learned an inmate is imminent danger, it is expected that staff are to pull that inmate out of the area for safety reasons until a supervisor is notified and determination is made that housing will not change.

All staff interviewed report if they hear an inmate may be in imminent danger of sexual abuse, they will pull that inmate aside, keep him with them, and notify their supervisor.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

LCF reports receiving one (1) allegation in the past twelve months from another facility and has reported one (1) allegation to another facility.

a, b, c, d) ADOC AR454 states, "The Warden, upon receiving an allegation that an inmate was sexually abused while confined in another facility, shall notify the head of the other facility of the alleged abuse as soon as possible, but no later than 72 hours from receiving the allegation. (See ADOC Form 454-F, Reporting to Other Confinement Facilities.) (Page 20)

The Auditor reviewed one ADOC Form 454-F, Reporting to Other Confinement Facilities and found it met ADOC policy as well as standard requirements.

The Auditor also reviewed a letter received from a county Sheriff reporting an inmate had reported to them he was a victim of sexual abuse and the sexual abuse had occurred at LCF. Documentation provided also showed this information was referred for investigation by the IPCM.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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.*

LCF has a formalized plan in place outlining all staff responsibilities in responding to sexual abuse.

a, b) ADOC AR454 states, "First Responder Staff. Upon learning of an allegation of a PREA related incident, the first responder staff shall: Ensure that the victim(s), aggressor(s), and witnesses are physically separated; protect and preserve the crime scene until appropriate steps can be taken to collect evidence; request that the victim not bathe, wash, brush his teeth, eat, drink, smoke, urinate or defecate; ensure that the alleged aggressor not bathe, wash, brush his teeth, eat, drink, smoke, urinate or defecate; and if the first responder staff is not security, the responder should request that the alleged victim not take any actions that would destroy evidence and notify a security staff. Do not show the alleged victim(s), aggressor(s), or witnesses any evidence, such as, but not limited to, pictures or video footage of the incident, and do not interview any of these parties on the specifics of the incident. As soon as possible first responders shall notify the Shift Commander of the incident and draft an ADOC Form 302-A, Incident Report." (Pages 17 and 18)

All staff at LCF are required to carry a "PREA Immediate Response Card." This card provides reminders and guidance to staff when acting as a first responder to a sexual abuse incident.

Staff also have with them the "Prison Rape Elimination Act (PREA) A Trauma-Informed Guide for First Responders."

All staff interviewed were familiar with their responsibilities as it relates responding to sexual abuse. Staff also showed the Auditor their PREA Immediate Response Card.

Based on the evidence gathered from documentation review and interviews with staff, LCF has exceeded 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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LCF has a formalized plan in place outlining all staff responsibilities in responding to sexual abuse.

a) ADOC AR454 and LCF SOP C-69 outlines the inmate sexual abuse coordinated response. This AR and SOP defines roles and responsibilities from the Warden, to Shift Commander, to IPCE, to Medical and Mental Health to the Correctional Officer.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

**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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Alabama Department of Corrections and Limestone Correctional Facility did not enter any collective bargaining agreement during this audit period.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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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LCF has had zero incidents of retaliation in the past twelve months.

ADOC AR454 states, "Retaliation in any form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited. The Warden and the IPCM shall ensure inmates and staff who report sexual abuse, sexual harassment, or cooperate with a sexual abuse investigation are protected from retaliation by other inmates or staff." (Page 23)

The AR further states, "The IPCM will be chiefly responsible for this by monitoring the conduct and treatment of the inmate(s) or staff for at least 90 days after an incident is reported. That time will be extended in 30-day increments if there is a continuing need. The monitoring of inmates shall consider any disciplinary reports, housing or program changes and shall include periodic status checks. The monitoring of staff shall include negative performance reviews or reassignments. All appropriate measures shall be taken to protect any individual who cooperates with an investigation and expresses a fear of retaliation." (Page 23)

AR454 also states, "The facilities obligation to monitor may terminate if the facility determines the allegation is unfounded. ADOC Form 454-D, Sexual Abuse/Harassment Retaliation Monitoring, shall be utilized for monitoring of staff and inmates." (Page 24)

The IPCM reports he is the one initiates contact with inmates for the retaliation monitoring period. He advises these contacts are always done one-on-one.

Interviews with the two inmates who reported sexual abused revealed both inmates have had contact with the IPCM. They advise "he is always checking on me to see how things are going."

The Auditor reviewed twelve examples of monitoring retaliation. These example were found to meet ADOC policy and the requirements of this standard.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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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LCF has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made.

a) ADOC AR454 states, "The Warden/Director is responsible for ensuring that inmates at high-risk for sexual victimization are not placed in involuntary segregation (e.g. Administrative Segregation, Protective Custody) unless an assessment of all available alternative means have been made and there are no other available alternatives." (Page 9)

This same AR further states, "Inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available. (See ADOC Form 454-H, PREA Post Allegation Protective Custody) (Page 23)

The IPCM reports involuntary segregation is used as a last resort.

In the past twelve months there has been no instances where an inmate was placed in involuntary segregation due to being at high risk for sexual victimization.

Interviews with inmates revealed when or if they report sexual abuse there is no fear of being placed segregation for making the report.

b, d) ADOC AR454 states, "In cases where segregated housing is the only means to protect such an inmate, the inmates shall have access to all programs, privileges, education and work opportunities, to the extent possible, and it shall only be until an alternative means of separation from likely abusers can be arranged, a time not ordinarily to exceed thirty (30) days. In these cases, the facility shall clearly document: The basis for the facility's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged." (Page 23)

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

c, e) This same AR also states, "Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population." (Page 23)

Based on the evidence gathered from documentation review and interviews with staff and inmates, LCF is compliant with this 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

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ADOC and LCF are responsible for conducting administrative and criminal investigations of sexual abuse and sexual harassments of inmates.

a) ADOC AR454 states, "Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. 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." (Page 22)

ADOC AR300, Investigations and Intelligence Division, dated April 18, 2016, states, "The I&I Division shall thoroughly review and/or investigate all reported violations of law to include misdemeanors, felonies, and internal affairs relating to ADOC employees, inmates, institutions, and divisions as directed by the Commissioner/designee or requested by a Warden/Director." (Page 2)

b) ADOC AR454 states, "Investigators and other ADOC employees with PREA related responsibilities shall receive additional training related to their roles to include, but no 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 shall be documented and verified through employee signature and forwarded to the Training Director for retention." (Page 11)

ADOC/LCF investigators have completed online course through the National Institute of Corrections (NIC) titled: PREA: Investigating Sexual Abuse in a Confinement Setting. Investigators have also completed 24 hours training through ADOC titled: PREA Specialized Investigations training.

Both trainings meet the requirements of this standard.

The Auditor also reviewed certificates of completion for all investigators.

While onsite, the Auditor was able to interview one ADOC investigator. He described both trainings and stated they covered interviewing victims, evidence collection and use of Miranda versus Gerrity.

c, d, f, g, h, i) ADOC AR300 states, "The I&U Division shall: Conduct (with I&I supervisor making the determination of for the direction for the direction of the investigation) all investigations utilizing those investigative techniques and procedures applicable and coordinate with other law enforcement agencies having jurisdiction as necessary. (Checklist, Annex B); investigate all violations of the law

otherwise discovered and, where applicable, refer such violations to the District Attorney having jurisdiction; keep accurate records of all reported incidents of violence, assaults, sexual assaults and other offenses punishable under the laws of Alabama, obtaining the final disposition of such incidents from the appropriate District Attorney. Retain copies of all written reports as reference in the ADOC Records Disposition Authority.” (Pages 2 and 3)

AR 454 also states, “Criminal and administrative investigation records shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.” (Page 24)

The Auditor reviewed the Investigation Checklist. This checklist has the investigator track the who, what, when and where of the investigation. The checklist has the investigator identify all evidence collected, all interviews and disposition of suspects.

The Investigator reports they review the incident report, gather as much information as possible, review any photographs that were taken. He states, “This determines where I go next.” He adds he also watches and collects any video, forensic reports and DNA.

e, j) ADOC AR454 states, “Each case shall be carefully evaluated on its merit, considering all evidence and circumstances and whether there is any possibility that the alleged incident could have occurred.” (Page 22)

The Investigator reports, “I make a point of knowing why they are incarcerated. However, I will look at past reporting to see if there is a pattern. I let the facts of the case speak for themselves.”

When asked what happens to the investigation once the alleged abuser or victim leave the facility, he reports the investigation continues.

i) N/A Outside agencies do not conduct administrative or criminal sexual abuse investigations at ADOC facilities.

The Auditor reviewed eleven investigative reports and found they followed ADOC policy and met the requirements of this standard. All investigations reviewed had a letter of notice addressed to the victim and an acknowledgement they received the notification.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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.*

a) ADOC AR454 states, "Sexual Abuse and Sexual Harassment Investigations: The standard of proof in all investigations of sexual abuse and harassment is a preponderance of the evidence.

The investigator reports they always use the preponderance of the evidence (51%).

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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.

LCF has had fourteen (14) investigations completed in the past 12 months. Eleven inmates were notified of the results of these investigations. Thirteen notifications were made to inmates and thirteen notifications were documented.

a, c, d, e) ADOC AR454 states, "The I&I Director shall be responsible for...Informing the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 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 not longer with ADOC; 2) the employee/staff is no longer employed by the institution; 3) the employee/staff has been indicted on a charge related to sexual abuse; or 4) the employee/staff has been convicted on a charge related to the sexual abuse. The notification shall be documented." (Page 7)

**RECOMMENDATION:** While the practice at ADOC/LCF is to notify all inmates of the outcomes of the investigations and dispositions of the suspects, ADOC AR454 does not specifically mention if the perpetrator is an inmate.

Both inmates interviewed, who reported sexual abuse, advise the Auditor they were notified of the outcome of their investigation.

b) N/A ADOC/LCF are responsible for conducting administrative and criminal investigations of sexual abuse and sexual harassment.

The Auditor reviewed eleven investigative reports and found they followed ADOC policy and met the requirements of this standard. All investigations reviewed had a letter of notice addressed to the victim and an acknowledgement they received the notification.

Based on the evidence gathered from documentation review and interviews with staff and inmates, LCF is compliant with this this standard.

## 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.*

There have been zero employees/staff disciplined for violating ADOC/LCF's PREA policy.

a, b, c) ADOC AR454 states, "If the employee has engaged in any conduct described in paragraph V.A.4.A above, 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." (Page 13)

ADOC AR208, Employee Standards of Conduct and Discipline, date October 1, 2009 includes a table of infractions and level of discipline. Under the violations of the Code of Alabama Title 13A-6-65 or Title 14-11-31 (Sexual Misconduct) the infraction for a first-time offense is dismissal.

d) There have been zero staff reported to law enforcement or licensing boards following their termination or resignation prior to termination for violating agency sexual abuse or sexual harassment policies.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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.*

There have been zero contractors/volunteers disciplined for violating ADOC/LCF's PREA policy. Contractors/Volunteers are held to the same standards as employees.

a, b) ADOC AR454 states, "If the employee has engaged in any conduct described in paragraph V.A.4.A above, 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." (Page 13)

ADOC AR208, Employee Standards of Conduct and Discipline, date October 1, 2009 includes a table of infractions and level of discipline. Under the violations of the Code of Alabama Title 13A-6-65 or Title 14-11-31 (Sexual Misconduct) the infraction for a first-time offense is dismissal.

There have been zero contractors/volunteers reported to law enforcement or licensing boards following their removal from the facility for violating agency sexual abuse or sexual harassment policies.

As it relates to the removal of contractors/volunteers violating the sexual abuse policy, the IPCM states, "It depends on what we know at the time of the report. Contractors may be fired, arrested and charged criminally. Of course, during the investigation they are will be banned from the facility. I will let other facilities aware of the investigation so they cannot try to enter other facilities to work."

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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



### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

There have been zero administrative findings of guilt and zero findings of criminal guilt in inmate-on-inmate sexual abuse.

a, b, c, f) ADOC AR454 states, "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/her allegation." (Page 21 and 22)

ADOC AR 403, Rule Violations Definitions and Examples, dated August 1, 2014 states, in accordance with this regulation and AR636, Mental Health Consultation to the Disciplinary Process, ADOC Form MH-041, Mental Health Consultation to the Disciplinary Process will be completed as applicable." (Page 3)

This same AR also states, "When applicable, a mental health professional shall complete ADOC Form MH-041 providing an opinion on the inmate's capacity in the Disciplinary Report Module." (Page 4)

d) A mental health professional reports therapy and counseling are offered to perpetrators in a sexual abuse case. He advises, "It is a swift process, they are seen within 48 hours."

e) It was reported the only time an inmate is punished for having sexual contact with staff is if it is proven the staff person did not consent to the contact.

g) The Inmate Handbook states, "You are not permitted to have sexual contact with other inmates, ADOC staff, volunteers, or anyone else..." (Page 21)

There have been no instances in which an inmate has been punished for sexual contact with staff.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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

##### 115.81 (d)

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

## 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

a, b, c) ADOC AR454 states, "If the checklist, interview or prior known information reflects that the inmate is at high risk to be victimized or screens as sexually aggressive, the Specialist will recommend further review by a Mental Health Professional prior to assigning permanent housing...The Mental Health Professional shall meet with the inmate and review their screening information. If the screening indicates that the inmate has prior sexual victimization or sexual aggression in their history, the Mental Health Professional shall offer a follow-up meeting with Mental Health within 14 days of the intake screening." (Page 15)

This AR also states, "Inmates that have been identified as being at risk for potential sexual vulnerability or sexually aggressive behavior shall be referred to mental health staff utilizing ADOC Form 454-C, PREA Risk Factors. The Mental Health professional shall perform the mental health assessment and documented in the Mental Health section of the medical record. The assessment shall include, but not limited to, a review of the inmate's PREA Risk Factors Checklist and history of sexual victimization of sexually aggressive behavior. Any updates of an inmate's history or risk of sexual aggression or victimization shall be noted by a mental health professional and notification shall be made to the IPCM, Classification Specialist, and Inmate Control Services (ICS)...Identification of sexual aggressors or victims information should be done discreetly." (Page 16)

A mental health professional interviewed report they have up to fourteen days to see an inmate once a referral is made; however, they usually see them faster than allotted time.

The Auditor interviewed one inmate who reported sexual abuse during the PREA Checklist. He stated he was referred to mental health. He also advises he saw them within a week of the referral.

A spreadsheet is maintained listing all inmates' admittance date, the date of their first assessment, date of any mental health referrals, the determination date and date of 30-day assessment. This is maintained by the IPCM.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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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a, b, c, d) ADOC AR454 states, "Victims of sexual abuse at the facility shall be referred immediately to Medical. Victims shall receive timely, unimpeded access to emergency medical treatment and crises intervention services. The ICPM 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident." (Page 19)

Both Medical and Mental Health Professionals report victim inmates are seen as soon as it is reported to them. They both report the services they provide are at no cost and are higher than the standard community level of care.

Both inmates interviewed who reported sexual abuse advised they were immediately taken to medical and was also offered mental health services.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

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

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

#### 115.83 (a)

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

#### 115.83 (b)

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

#### 115.83 (c)

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

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

a, b, c, g) ADOC AR454 states, "Victims of sexual abuse at the facility shall be referred immediately to Medical. Victims shall receive timely, unimpeded access to emergency medical treatment and crises intervention services. The ICPM 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." (Page 18)

This same AR also states, "Medical and mental health evaluations and treatment shall be offered to all inmates who have been victimized by sexual abuse... Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident." (Page 19)

Both Medical and Mental Health Professionals report victim inmates are seen as soon as it is reported to them. They both report the services they provide are at no cost and are higher than the standard community level of care. They also report if the inmate is transferred their treatments plans are transferred with them.

Medical personnel also report victims are offered tests for sexually transmitted infections.

Both inmates who reported sexual abuse report they have not been charge for any services they receive relating to their case.

The Auditor reviewed the MOU between ADOC and Wexford Health Sources, INC for Healthcare Services Agreement. Wexford Services provides mental health services and evaluations to inmates at LCF.

d, e) N/A LCF is a male only facility.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



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

a, b, c) ADOC AR 454 states, "Within thirty (30) days of the conclusion of the I&I investigation, the Warden/Director shall convene a sexual abuse incident review team to review all substantiated and unsubstantiated PREA allegations. This team will be composed of the Warden/designee, medical or mental health representative, investigator, supervisor present at time of the allegation, and IPCM. The IPCM shall take detailed meeting notes to include the agenda, participants, date, name and number of the investigation, type of investigation and findings, and all meeting content, utilizing ADOC Form 454-E, Sexual Abuse Incident Review." (Page 20)

The Auditor reviewed five (5) Sexual Abuse Incident Reviews and found the met policy and standard requirements.

d) The AR also states, "The team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; LGBTI identification, status, or perceived status or gang affiliation ; or was motivated or otherwise caused by other group dynamics; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology would be deployed or augmented to supplement supervision by staff; and prepare a report of its findings including, but not limited to determinations made pursuant to the preceding paragraphs and any recommendations for improvement. Such report shall be submitted to the Warden, IPCM, and PREA Director in a timely manner." (Page 21)

The Auditor interviewed two members of the Sexual Abuse Incident Review team. They report they take video monitoring, staffing levels, motivation and investigation reports to make recommendations.

e) ADOC AR454 states, "The Warden/designee shall implement the recommendations for improvement or shall document the reasons for not doing so. The Warden/designee, upon completion of the recommended improvement or upon providing the reason the improvement was not completed, shall submit ADOC Form 454-E, Sexual Abuse Incident Review, to the IPCM and PREA Director in a timely manner." (Page 21)

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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.*

a, b, c, d, f) The ADOC AR454 states, "For the purpose of data collection tracking, the ADOC Form 302-A, alleging sexual abuse or sexual harassment, shall be forwarded to the I&I Division within seventy-two (72) hours of notification of a PREA related incident. The PREA Director shall compile the records and data from the previous calendar year necessary to fill out the requested data in the DOJ's Survey of Sexual Violence (SSV) should it be requested. The PREA Director shall review data collected to assess and improve the effectiveness of appropriate ADOC policies and procedures. The PREA Director shall prepared a report on each institution for the Commissioner identifying problem

areas suggesting corrective actions and providing comparison from previous year's data and reports. The above referenced date shall be retained securely for ten (10) years." (Page 24)

The Auditor reviewed the Survey of Sexual Victimization from 2017 and the 2017 ADOC Annual Report. This report compared and contrasted statistic from previous years and outlined any corrective action each facility is taking.

This information is also made public on the ADOC website: <http://www.doc.state.al.us/PREA>

e) N/A LCF does not contract for the confinement of its inmates.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## 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.*

a, b, c, d) ADOC AR454 states, "The I&I Director shall be responsible for...Reporting statistical data for PREA related incidents...The PREA Director shall be responsible for...Reporting statistical data for PREA related incidents. Ensuring all aggregated sexual abuse data is posted on the ADOC website by way of annual reporting and ensuring all data is stored securely for at least 10 years after the date of initial collection."

This same AR also states, "The PREA Director shall review data collected to assess and improve the effectiveness of appropriate ADOC policies and procedures. The PREA Director shall prepared a report on each institution for the Commissioner identifying problem areas suggesting corrective actions and providing comparison from previous year's data and reports. The above referenced date shall be retained securely for ten (10) years." (Page 24)

The IPCM reports he is responsible for tracking all PREA data at LCF. He then forwards it to the PREA Director annually.

The Auditor reviewed the Survey of Sexual Victimization from 2017 and the 2017 ADOC Annual Report. This report compared and contrasted statistic from previous years and outlined any corrective action each facility is taking. This report is also approved by the Commissioner.

This information is also made public on the ADOC website: <http://www.doc.state.al.us/PREA>

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## Standard 115.89: Data storage, publication, and destruction

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

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Auditor reviewed the Survey of Sexual Victimization from 2017 and the 2017 ADOC Annual Report. This report compared and contrasted statistic from previous years and outlined any corrective action each facility is taking. There are no personal identifiers in this report. This report is also approved by the Commissioner.

This information is also made public on the ADOC website: <http://www.doc.state.al.us/PREA>

All PREA related information is located in the ICPM's office in a secured file cabinet.

Based on the evidence gathered from documentation review and interviews with staff, LCF is compliant with this this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

- a) During the prior three-year audit period, ADOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, ADOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of LCF.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received one letter from LCF inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, LCF is found to have met the standard for frequency and scope of audit.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past

three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

It's clear that LCF believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of LCF leadership as well as the knowledge the staff demonstrated of PREA. LCF leadership was quick to ask great questions when it came to be working with transgender inmates. They were very open with the Auditor and wanted the Auditor's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual. There is a zero –tolerance culture at LCF.



# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

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

/s/ Elisabeth Copeland

February 27, 2020

**Auditor Signature**

**Date**

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

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