

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

Interim       Final

Date of Report    March 17, 2018

### Auditor Information

Name:    Ronny Taylor

Email:    Ronny.prea@gmail.com

Company Name:    PREA Auditors of America, LLC

Mailing Address:    P.O. Box 2781

City, State, Zip:    Houston, TX 77252

Telephone:    281-330-3733

Date of Facility Visit:    October 23, 2017

### Agency Information

Name of Agency:

US Air Force2 SFS Confinement Facility

Governing Authority or Parent Agency (If Applicable):

Air Force Security Forces Center

Physical Address:    1517 Billy Mitchel Blvd.  
BLDG 954

City, State, Zip:    JBSA-Lackland, TX 78236-0119

Mailing Address:    Click or tap here to enter text.

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

Telephone:    210-925-0845

Is Agency accredited by any organization?     Yes     No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission:    Provide Regional Quality Confinement and Rehabilitation Services

Agency Website with PREA Information:    <http://www.af.mil/Portals/1/documents/sapr/2016-AF-PREA-Annual-Report.pdf>

### Agency Chief Executive Officer

Name:    Joseph Wegner

Title:    Director of Air Force Corrections

Email:    joseph.wegner@us.af.mil

Telephone:    210-925-7733

### Agency-Wide PREA Coordinator

Name:    Marcus Sydney

Title:    AFSFC AF PREA Coordinator

Email:    marcus.sidney.1@us.af.mil

Telephone:    210-925-0845

PREA Coordinator Reports to: Director of Air Force Corrections	Number of Compliance Managers who report to the PREA Coordinator 21
---	---

## Facility Information

Name of Facility: 2 SFS Barksdale Confinement Facility

Physical Address: 1200 Range Road, Barksdale AFB, LA 71110

Mailing Address (if different than above): Click or tap here to enter text.

Telephone Number: 318-456-4794

The Facility Is:  Military  Private for profit  Private not for profit

Municipal  County  State  Federal

Facility Type:  Jail  Prison

Facility Mission: Provide Regional Quality Confinement and Rehabilitation Services

Facility Website with PREA Information: <http://www.af.mil/Portals/1/documents/sapr/2016-AF-PREA-Annual-Report.pdf>

## Warden/Superintendent

Name: Ryan Natalini Title: Commander

Email: ryan.natalini@us.af.mil Telephone: 318-456-3764

## Facility PREA Compliance Manager

Name: Anton J. Hinrichsen Title: BCF PREA Compliance Manager

Email: anton.hinrichsen@us.af.mil Telephone: 318-456-5019

## Facility Health Service Administrator

Name: Robrielle D. Dotson Title: Paramedic

Email: robrielle.dotson@us.af.mil Telephone: 318-456-3990

## Facility Characteristics

Designated Facility Capacity: 8 Current Population of Facility: 0

Number of inmates admitted to facility during the past 12 months 14

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 5

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 9

<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>		0	
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> N/A	<b>Adults:</b> 20-36	
<b>Are youthful inmates housed separately from the adult population?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>		0	
<b>Average length of stay or time under supervision:</b>		27.76 days	
<b>Facility security level/inmate custody levels:</b>		Maximum/Medium/Minimum	
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>		4	
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>		1	
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>		0	
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 1		<b>Number of Single Cell Housing Units:</b> 2	
<b>Number of Multiple Occupancy Cell Housing Units:</b>	0		
<b>Number of Open Bay/Dorm Housing Units:</b>	1		
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	2		
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
The facility has 11 cameras that record onto 2 DVRs. The video is retained for a period of up to 30 days. Cameras are positioned to reduce blind spots, and allow for privacy in the shower and restroom areas.			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Out-patient Medical Facility	
<b>Forensic sexual assault medical exams are conducted at:</b>		Any local hospital	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, authorized to enter the facility:</b>		0	
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>		5	

# 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.*

A Prison Rape Elimination Act Audit of Barksdale Confinement Facility was conducted on October 23, 2017. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

An entrance meeting was held October 23, 2017 the morning of the onsite audit with the PREA Compliance Manager, TSgt Anton Hinrichsen, the auditor, Ronny Taylor, audit support staff/interviewer, Jeff Kovar, and several other members of the facility administration.

After the entrance meeting, the audit team was given a tour of all areas of the facility, including; administrative office, intake, dayroom area, housing units, dayroom area, and shower areas.

A total of 4 random staff interviews were conducted and 25 specialized staff interviews were conducted (29 interviews total). At least one staff member was interviewed from each interview category that was applicable to the facility. Random staff interviews were conducted with staff from both shifts (12-hour shifts).

A total of 1 inmate interview was conducted (only 1 inmate was housed at the facility during the site visit). This inmate only met the criteria for the Random Inmate interview type.

A telephone interview was conducted with the SAFE/SANE staff from Forensic Examiners of Louisiana, Inc.

The start count on the day of the audit was 1 and the end count was 1.

The auditor provided a Notification Letter to be posted in all housing units and throughout other areas of the Prison prior to the site visit. This Notification Letter was dated September 11, 2017 and was posted on September 11, 2017 (allowing for at least 6 weeks of notification for the audit). The notification contained information on the upcoming audit and stated that any inmate with pertinent information should send a letter containing this information to the auditor at least 10 days prior to the onsite audit date. Prior to the site visit, no correspondence was received from any inmate incarcerated at Barksdale Confinement Facility. During the site visit, these notification letters were observed posted in all housing units and other common areas. The PREA Compliance Manager submitted the Pre-audit Questionnaire to the audit team, which was received on October 5, 2017, thus allowing ample time for review prior to the site visit. Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed any initial concerns with the Agency PREA Coordinator and PREA Compliance Manager. During the site visit, the auditor conducted several informal interviews with inmates and staff during the tour of the facility. Both formal and informal interviews revealed a good general knowledge of PREA, the facility's policies/procedures, and the retention of training by both staff and inmates that were spoken to.

When the audit was completed, the auditor conducted an exit briefing on October 23, 2017. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act. Present during the exit briefing were the following: PREA Compliance Manager- TSgt Anton J. Hinrichsen, and the auditor, Ronny Taylor.

## 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.*

Barksdale Confinement Facility is a military confinement facility located inside Barksdale Air Force Base which is in Barksdale AFB, LA. The facility has one housing bay, two single cell housing units, and two segregation (Administrative and Disciplinary) cells. There is a dayroom area just outside of the housing units. Upon request, the inmate will be given access to this area. Here, the inmates can read books, and or use the confidential hotline to privately report sexual abuse. The front area of the confinement facility has multiple administrative offices, which contains a Central Control station which provides direct observation into the housing bays, excluding the shower and restroom areas.

Inmates are typically not held longer than 27 days at this facility. In the past 12 months, there were a total of 14 intakes. There have not been any allegations of sexual abuse or sexual harassment received within the past 12 months. Night Shift typically consists of one staff. Day Shift have additional staff to support various administrative functions. In the event there is a need for male/female staff to conduct a pat or strip search of an inmate, staff from Air Force Security Forces would be called to assist. All staff assigned to Air Force Security Forces who assist with these searches have received PREA training.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

**Number of Standards Exceeded: 0**

Click or tap here to enter text.

**Number of Standards Met: 45**

(115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, and 115.403)

**Number of Standards Not Met: 0**

### **Summary of Corrective Action (if any)**

A summary of the corrective action taken by the facility is outlined below:

#### **115.17 Hiring and Promotion Decisions**

##### **Corrective Action Required / Completed**

The interim report reflected the auditor determined the agency/facility did not meet the above standard for the following reasons:

The auditor was not provided with sufficient documentation showing the agency asks all applicants employees who may have contact with inmates directly about previous sexual misconduct in written applications or interviews for hiring or promotions.

The auditor was not provided with sufficient information showing the agency asks all applicants and employees who may have contact with inmates directly about previous sexual misconduct in any interviews or written self-evaluations conducted as part of reviews of current employees.

The auditor was not provided with sufficient information showing the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct.

The auditor was not provided with sufficient information showing the agency considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.

The auditor was not provided with sufficient information showing the agency provides 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.

##### **Corrective Action Plan**

The auditor required the facility include the information listed above in their policy and demonstrate compliance with policy revisions by providing the auditor with documentation indicating the practice comports with policy.

During the corrective action period the auditor worked with the agency to create and develop the "Disclosure of PREA Employment Standard Violation" form and the complementary policy revisions.

A20.1.7. Confinement Officer conducts NCIC Checks, reviews personnel records, and interviews for previous sexual misconduct on all personnel being hired to work in AF Level I confinement facilities utilizing the Air Force PREA disclosure. This disclosure will be conducted annually during evaluations and maintained in the PREA binder. (**§ 115.17) (c) (1)**)

## **9. HIRING AND PROMOTION DECISIONS [C.F.R. 115.17]**

### **A. Hiring and Promotion Practices**

(1) All Barksdale CF Staff applicants who have contact with inmates directly will be asked about previous sexual misconduct as part of their interviews for hiring or promotions and will have a NCIC and SFMIS background check conducted.

(2) All Barksdale CF Staff will be asked about previous sexual misconduct as part of their annual Airman Comprehensive Assessment (ACA) conducted utilizing the Air Force PREA disclosure.

(3) All staff are required to disclose any sexual misconduct that occurs prior to or during their employment at the Barksdale CF. Any omissions regarding such misconduct, or the provision of materially false information is grounds for terminations.

(4) The Confinement Officer will provide information on substantiated allegations of sexual abuse or sexual harassment documented in Security Forces Management Information System (SFMIS) involving a former employee upon receiving a request.

### **B. Background Checks**

(1) A National Agency Check, Local Agency Check, and Credit Check (NACLC) are prerequisite for military members when initially enlisting into military service. These checks are conducted during Military Enlisted Processing (MEPS). Background Investigators makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

(2) Security Clearances are granted to military members once their background checks (NACLC) are complete.

(3) Staff Members without current security clearances or staff members whose security clearances have been revoked will result in the immediate removal from working in a confinement facility.

(4) Air Force Level I confinement facilities typically do not have contractors working inside its facility. Background checks will be conducted if this is ever an occurrence.

During the Corrective Action period the auditor was provided with the "Disclosure of PREA Employment Standard Violation" form for current employees assigned to the facility.

## **115.53 Inmate Access to Outside Confidential Support Services**

### **Corrective Action Required / Completed**

The interim report reflected the auditor determined the agency/facility did not meet the above standard for the following reasons:

The current PREA brochures contain only a phone number to the outside victim advocate. PREA standards require both a phone number and mailing address.

#### **Corrective Action Plan**

The auditor required the facility to revise their PREA brochures and include the mailing address to outside victim advocates.

During corrective action, the referenced poster was re-designed and now includes a mailing address. The auditor was provided a copy of the new brochure/poster.

### **115.54 Third-Party Reporting**

#### **Corrective Action Required / Completed**

The interim report reflected the auditor determined the agency/facility did not meet the above standard for the following reasons:

The auditor was unable to locate specific information on how inmates can file a third-party report.

#### **Corrective Action Plan / Completed**

The auditor required the facility to install "PREA Boxes" in an area that is available to both staff and inmates and is not video monitored. The box shall be secure and properly labeled for the inmates and shall specifically include information on how to file a third-party report of sexual abuse and sexual harassment. The PREA Compliance Manager will be the only staff member with access to this box and will check the box regularly. To demonstrate compliance, the auditor is requiring photos documenting this has been posted.

During the corrective action period a "PREA" box was installed in the common area with access available for all inmates. Only the PREA compliance managers have the access code and check the box on a weekly basis. The auditor was provided with a photograph of the installed PREA Box.

## **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.*

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 3):

“The 2d SFS has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. This policy is directed by 28 Code of Federal Regulations (C.F.R.) Part 115, Air Force Instruction (AFI) 31-105, and reaffirmed in this guidance for the enforcement prevention, detection, and response to such conduct.”

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 6):

### “3. PREA Coordinator

Air Force Security Forces Center (AFSFC) designates a PREA Coordinator with sufficient time and authority to develop, implement, and oversee its efforts to comply with the PREA standards. The PREA Coordinator works with Department of Justice sanctioned PREA Non-Governmental Organizations, PREA offices assigned to Federal, States, or Local agencies, DoD’s PREA offices, and PREA compliance managers at facilities under the Air Force Corrections System to ensure Service wide PREA Compliance.”

### **Additional Documentation/Observations from Facility Tour**

The policy above outlines how the facility will implement the agency’s zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The policy above includes definitions of prohibited behaviors (pages 3-6).

The policy above includes sanctions for those found to have participated in prohibited behaviors (pages 21-22).

The policy above includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Memorandum for 2 SFS/S3J and 2 SFS/SFMQ designates a facility staff member as the primary PREA Compliance Manager, and designates an alternate PREA Compliance Manager.

The auditor was provided with Zero Tolerance brochures which were specific to Barksdale Confinement Facility. These brochures contained toll free numbers to where inmates can report sexual abuse.

PREA educational posters and brochures were readily available to all inmates in the library area. The inmate housed at the facility confirmed inmates have access to the library daily.

### **Staff and Inmate Interviews**

During the interview with the PREA Coordinator, the auditor was advised being the PREA Coordinator and ensuring PREA compliance throughout the agency was his full-time job, and he has no other responsibilities other than PREA compliance.

During an interview with the PREA Compliance Manager, the auditor confirmed this staff member has sufficient time to manage all her PREA related responsibilities.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility exceeds the above standard. This determination was made due to the following reasons:

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Policies

N/A

## Additional Documentation/Observations from Facility Tour

2d Security Forces Squadron (SFS) is not public agency; therefore, all standards pertaining to 115.12 would be non-applicable.

Although these standards were non-applicable, the auditor was provided with an agreement between 2d Security Forces Squadron (SFS) and Bossier Parish Sheriff's Office. The auditor reviewed the agreement but did not see anything specific stating Bossier Parish Sheriff's Office would agree to adopt and comply with all PREA standards. This matter was discussed with the PREA Compliance Manager, and the auditor requested documentation from the facility stating it would agree to adopt and comply with all PREA standards. Prior to the completion of the Final Report, the auditor was provided with letter from Bossier Parish Sheriff's Office acknowledging their commitment to adopting and complying with all PREA standards. In addition, Bossier Parish Sheriff's Office provided the auditor with a copy of their PREA Audit Final Report, which was successfully completed on July 20, 2015.

## Staff and Inmate Interviews

During interviews with the PREA Coordinator and PREA Compliance Manager, the auditor confirmed 2d Security Forces Squadron (SFS) has one contract for the confinement of its inmates, and this contract was with Bossier Parish Sheriff's Office. The PREA Compliance Manager confirmed Bossier Parish Sheriff's Office has agreed to adopt and comply with all PREA standards and stated they were provided with a copy of the PREA Audit Final Report from Bossier Parish Sheriff's Office.

## Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

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

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 7-9):

"A. Staffing Plan/Video Monitoring

1) The CF develops, documents, and makes its best effort to comply on a regular basis with a staffing plan (template located on the SF Smartnet). The plan ensures adequate levels of staffing and video monitoring to protect confines against sexual abuse. The staffing plan ensures that the following factors are taken into consideration:

- a. Generally accepted detention and correctional practices
- b. Any judicial findings of inadequacy
- c. Any findings of inadequacy from Federal investigative agencies
- d. Any findings of inadequacy from internal or external oversight bodies
- e. All components of the facility's physical plan
- f. The composition of the confine population
- g. The number and placement of supervisory staff
- h. Programs occurring on a particular shift
- i. Any applicable state or local laws, regulations, or standards
- j. The prevalence of substantiated and unsubstantiated incident of sexual abuse

2) 2d SFS makes its best efforts to comply with the staffing and video monitoring plan. In circumstances where it is not complied with, the CF will document, justify, and ensure the approval of all deviations by the DFC or designee.

3) Under PREA, the DFC conducts an annual review of the staffing plan (manpower), CCTV plan, and policy of documented (blotter) on-duty/off-duty higher level unannounced supervisory visits. The staffing plan along with the Annual PREA Report is sent to AFSFC/FC at afsfc.sfcv.1@us.af.mil NLT 16 Jan CF.

#### A. Unannounced Rounds

1) Upper level squadron leadership conducts and documents unannounced rounds covering all shifts, and all areas of the facility, to identify and deter staff sexual abuse or harassment. 2d SFS policy prohibits staff members who are aware of these rounds from alerting other staff as to when or where these rounds are occurring, unless related to the legitimate operational needs of the facility.

2) The PREA Compliance Manager consults with upper level leadership on how and when the unannounced rounds will be conducted and shall review all documentation from the rounds.

3) Key Implementation Considerations:

a. Unannounced rounds to identify staff sexual abuse and harassment should be conducted by any of the following or others at the DFCs discretion:

- Confinement Officer
- Operations Superintendent
- Flight Chiefs
- First Sergeants

b. Rounds should be conducted on a regular basis

- The frequency of the unannounced rounds to detect staff sexual abuse and harassment is left to DFCs discretion but should be at least once a week.

- Rounds should be conducted for night shifts, as well as day shifts.

- The rounds are documented in the Air Force Form 53 (Blotter) and the CF blotters are maintained for a minimum of one year.

c. In many cases, Air Force Level 1 facilities have direct supervision layouts or staffing ratios that allow for frequent staff and confine contact. Even in such facilities, unannounced, formal rounds are necessary for safety and to comply with this standard.”

#### **Additional Documentation/Observations from Facility Tour**



Since August 20, 2012, the average daily number of inmates is 2.47. The staffing plan was predicated upon the average daily population of 8 inmates. The staffing plan consists of 1 officer and 3 enlisted staff assigned to the facility.

During the site visit, the auditor was advised that in the event there is inadequate staffing on a day, the facility will supplement their confinement staff with staff from the Air Force Security Forces. These staff have received PREA training and are able to fill in whenever needed.

The auditor was advised the facility has not had any deviations from the staffing plan within the past 12 months.

An E7 (Senior NCOs) or above are required to make random unannounced rounds. The auditor was provided with a spreadsheet used to document unannounced supervisor rounds. A review of this spreadsheet indicates these rounds are occurring on all three shifts.

### **Staff and Inmate Interviews**

During the interview with the Warden, the auditor confirmed the facility follows a staffing plan. The staffing plan is documented in the operating instructions. The staffing plan is reviewed annually. All aspects under 115.13 are considered as a part of the staffing plan. The Warden stated he reviews duty rosters to ensure the staffing plan is being followed.

During the interview with the PREA Compliance Manager, the auditor confirmed that facility considers all requirements under 115.13 when developing the staffing plan.

During the interview with the PREA Coordinator, the auditor confirmed he is consulted regarding any assessments of, or adjustments to, the staffing plan for this facility. The confinement facilities are required to send the PREA staffing plans annually.

During an interview with an upper-level or intermediate supervisor, the auditor confirmed upper-level and intermediate supervisors make unannounced rounds on both day and night shift. These rounds are completely unannounced and are documented.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 9):

"C. Youthful Confinees

- 1) Very few military members are in the Service under 18, however with parental approval, enlistment could occur at age 17. If this situation occurs, it is most likely at Lackland Air Force Base or an installation that hosts technical training. If sexual victimization is discovered by medical or mental health practitioners, informed consent is not needed by the treatment staff to report this information to the confinement staff per PREA.
- 2) In these rare cases, youthful confines shall not be allowed to have sight, sound, or physical contact with any adult confine when using showers, dayrooms, sleeping quarters, or common areas where adult confines are present in the housing unit.
- 3) Youthful confines will be escorted at all times when outside of their housing unit.
- 4) Youthful confines shall have access to all programs available to general population confines and a work detail assigned. The restrictive housing will only be used for housing youthful confines if the following conditions exist:
  - a. Reception
  - b. Investigation
  - c. Violation of facility rules
  - d. Medical observation
  - e. No available space in the general housing unit to accommodate youthful confines without violating the PREA standard.”

#### **Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any youthful inmates housed at the facility.

#### **Staff and Inmate Interviews**

During the interview with the PREA Coordinator and PREA Compliance Manager, the auditor confirmed there have been no youthful offenders housed at the facility within the past 12 months. The PREA Coordinator advised it would be an extremely rare occurrence for a youthful inmate to be housed at the facility. First, the enlistee’s parents would have to sign a consent allowing the 17-year-old to enlist in the military. This individual would then have to pass basic training and get their duty assignment. In addition, this individual would have to commit a crime, get arrested, go through the court process, and get sentenced for them to be housed at the facility. If this were to occur, the auditor was advised the facility has a separation cell that could be utilized for emergency/temporary housing for the youthful offender. The auditor was advised the agency would find another facility, within the agency, to transfer the youthful offender if needed.

#### **Final Determination**

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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

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

#### **115.15 (a)**

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 9-11):

“5.5.3 Confinement staff personnel will not conduct physical searches of the opposite sex. They will use a trans-frisker, ask the inmate to lift their BDU/ABU up far enough to view their waist band, remove their blousing straps and pull their pants up past their boot, then pat/pull out all pockets.”

U.S. Air Force 30th Security Forces Squadron Prison Rape Elimination Act PREA Guidance Zero Tolerance Policy states (Pages 10-11):

“4.D.2 Viewing

- a) When using Closed Circuit Televisions (CCTV), all blind spots will be eliminated where staff or confinees may be isolated.
- b) Maintain all CCTV digital recordings for a minimum of 30 days and maintain longer if the material is the subject of an investigation.
- c) Ensure CCTV does not invade confine privacy (i.e., do not place in cells, toilet, or shower areas) unless suicidal or violent behavior dictates otherwise. Keep CCTV monitors from public view. Ensure opposite gender staff cannot view monitors. Follow guidelines for cross gender viewing under PREA.
- d) A notice will be posted on the confine bulletin board within the common areas of the facility stating: “NOTICE TO CONFINEES: Male and female staff routinely work and visit in confine housing areas.”
- e) Key Implementation Considerations:

- Cross-gender viewing of transgender confines is also prohibited. The CF will need to consult with the Confinement Officer to make a case-by-case determination about which gender of staff would be appropriate to view a transgender confine in a state of undress. In general, a transgender woman should not be viewed by male staff, and transgender man should not be viewed by female staff when they are not fully clothed.
- If opposite-gender staff will be conducting rounds in housing units while confines are asleep (such as male staff checking a female dorm), the opposite-gender staff member should announce that these rounds will occur prior to “lights out.”
- The policy requires regular verbal notification. A sign or notice in a confine handbook or other written materials is not sufficient.
- Opposite-gender staff must announce their presence to allow confines sufficient time to adjust their clothing or cover their bodies.”

#### “4.D.3 Searches

d) Transgender/Intersex searches/inspections, CFs staff will not search or physically examine a transgender or intersex confine for the sole purpose of determining the confinee’s genital status. If the confinee’s genital status is unknown, it may be determined during conversations with the confine, by reviewing medical records, or if necessary, by learning the information as part of a broader medical examination conducted in private by a medical practitioner.”

#### **Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any cross-gender strip and visual body cavity searches of inmates.

The facility does not restrict female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. If necessary, the facility would utilize female staff from Air Force Security Forces to conduct female searches.

In the past 12 months, there have not been any pat-down searches of female inmates conducted by male staff.

There have not been any transgender inmates housed at the facility within the past 12 months.

100% of staff have been trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

During the audit tour, the audit team consisted of all males, and the only inmate housed at the facility was also male. Staff acknowledged that when female staff enter the housing unit, they announce their presence prior to entering.

Cameras were observed throughout the facility; however, cameras do not record in the shower or restroom areas.

#### **Staff and Inmate Interviews**

During interviews with random staff, the auditor confirmed staff have received training in conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional

and respectful manner, consistent with security needs. Staff also confirmed they have received training on how to conduct cross-gender and pat-down searches of transgender and intersex inmates. Staff acknowledged they would ask the transgender/intersex inmate which gender staff they preferred being searched by, and the facility would make every attempt to accommodate their request. The auditor was advised there are always female staff available on standby that can be called in to assist with female searches (Air Force Security Forces).

During the interview with the random inmate, the auditor was advised staff of the opposite gender make announcements prior to entering their housing unit. The inmate stated he is never naked in full view of staff of the opposite gender.

At the time of the audit, there were no LGBTI inmates housed at the facility.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

### **Supporting Policies**

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 12):

“4.E.

(1) Confinées with Limited English Proficiency

- a) Military recruits are required to process through Military Entrance Processing Stations (MEPS) which requires all military service components to be English proficient prior to acceptance of enlistment, commission, or appointment.
- b) The confinement facility does not rely on confine interpreters, readers, or other assistance from confines except in limited circumstances affecting safety or first-responder duties.

(2) Disabled Confinées

- a) Discrimination based on a confinee's disability limiting access to the PREA programs and services is prohibited. This includes any physical disabilities which could lead other confines to believe a confine would be vulnerable to sexual abuse or sexual harassment.
- b) Any necessary accommodation will be identified during intake and reviewed as necessary.

### **Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any instances where inmate interpreters, readers, or other types of inmate assistants have been used.

### **Staff and Inmate Interviews**

During an interview with the Agency Head, the auditor confirmed that all members of the military are required to speak English prior to their enlistment. For this reason, there is no reason that an interpreter service would ever need to be used.

During the site visit, there were no inmates who had disabilities, housed at the facility.



During interviews with random staff, the auditor confirmed that all military staff are required to speak English prior to enlisting in the military. For this reason, there would never be an instance where an interpreter would ever be needed. In addition, the auditor was advised that if a member of the military became disabled, they would be discharged from the military.

### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 14):

"H. Military hiring and promotion practices are unique and unlike any other agency. Military recruits and military members cannot join or remain in the military with a record of engaging in sexual abuse in any form or fashion. Due to this practice, no action is required with regard to confinement facility staff hiring or promotion."

### Additional Documentation/Observations from Facility Tour

The auditor was advised that all staff who were hired within the past 12 months have had criminal background record checks. A sample of background records check logs were reviewed while onsite. The auditor determined background investigations are being conducted prior to employment.

### Staff and Inmate Interviews

During an interview with Human Resources staff, the auditor confirmed the agency recently provided guidance requiring the facility NCIOC to complete background record checks on all confinement staff. Backgrounds will be conducted on all staff once every 5 years. The facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, who may have contact with inmates. Contractors are not authorized to enter the facility. The facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. If a former employee applied at another institution, the auditor was advised the facility would provide any information on substantiated allegations of sexual abuse or sexual harassment involving the former employee to this agency.

The interim report reflected the auditor determined the agency/facility did not meet the above standard for the following reasons:

The auditor was not provided with sufficient documentation showing the agency asks all applicants employees who may have contact with inmates directly about previous sexual misconduct in written applications or interviews for hiring or promotions.

The auditor was not provided with sufficient information showing the agency asks all applicants and employees who may have contact with inmates directly about previous sexual misconduct in any interviews or written self-evaluations conducted as part of reviews of current employees.

The auditor was not provided with sufficient information showing the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct.

The auditor was not provided with sufficient information showing the agency considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.

The auditor was not provided with sufficient information showing the agency provides 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.

#### Corrective Action Required / Complete

During the corrective action period the auditor worked with the agency to create and develop the "Disclosure of PREA Employment Standard Violation" form and the below listed complementary policy revisions.

A20.1.7. Confinement Officer conducts NCIC Checks, reviews personnel records, and interviews for previous sexual misconduct on all personnel being hired to work in AF Level I confinement facilities utilizing the Air Force PREA disclosure. This disclosure will be conducted annually during evaluations and maintained in the PREA binder. **(§ 115.17) (c) (1)**

## **9. HIRING AND PROMOTION DECISIONS [C.F.R. 115.17]**

### **A. Hiring and Promotion Practices**

(1) All Barksdale CF Staff applicants who have contact with inmates directly will be asked about previous sexual misconduct as part of their interviews for hiring or promotions and will have a NCIC and SFMIS background check conducted.

(2) All Barksdale CF Staff will be asked about previous sexual misconduct as part of their annual Airman Comprehensive Assessment (ACA) conducted utilizing the Air Force PREA disclosure.

(3) All staff are required to disclose any sexual misconduct that occurs prior to or during their employment at the Barksdale CF. Any omissions regarding such misconduct, or the provision of materially false information is grounds for terminations.

(4) The Confinement Officer will provide information on substantiated allegations of sexual abuse or sexual harassment documented in Security Forces Management Information System (SFMIS) involving a former employee upon receiving a request.

## B. Background Checks

(1) A National Agency Check, Local Agency Check, and Credit Check (NACLC) are prerequisite for military members when initially enlisting into military service. These checks are conducted during Military Enlisted Processing (MEPS). Background Investigators makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

(2) Security Clearances are granted to military members once their background checks (NACLC) are complete.

(3) Staff Members without current security clearances or staff members whose security clearances have been revoked will result in the immediate removal from working in a confinement facility.

(4) Air Force Level I confinement facilities typically do not have contractors working inside its facility. Background checks will be conducted if this is ever an occurrence.

During the Corrective Action period the auditor was provided with the "Disclosure of PREA Employment Standard Violation" form for current employees assigned to the facility.

## 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.*

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (pages 14-15):

#### I. Upgrades to Facilities and Technologies

- 1) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the CF shall consider the effect of the design, acquisition, expansion, or modification on its ability to protect confinees from sexual abuse.
- 2) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the CF considers how such technology may enhance its ability to protect confinees from sexual abuse.

### Additional Documentation/Observations from Facility Tour

The agency/facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012.

The facility has not installed or upgraded a video monitoring system, electronic surveillance system, or other monitoring technology, since August 20, 2012.

### Staff and Inmate Interviews

During the interview with the Agency Head, the auditor was advised the agency would use building information modeling, camera placement (blind-spot elimination), and proper toilet placement when making modifications to facility design. The auditor was advised camera technology does not replace manpower.

During the interview with the Warden, the auditor confirmed the facility has not had any expansions or modifications to the facility, or upgraded its video monitoring technology, since August 20, 2012. The auditor was advised that if the facility upgraded its video technology, they would place the cameras in a manner that would eliminate blind spots.

## Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination



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

### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 19):

##### "F. Investigation of Incidents

- (1) The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI.
- (2) Sexual assault or sexual harassment allegations are referred for criminal investigation to AFOSI or another criminal investigative agency as AFOSI determines and are not considered administrative investigations. The facility requests relevant information from AFOSI in order to inform the confine of the investigation outcome."

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 19):

##### "D. Medical and Mental Health Services

- (3) Treatment services are provided to the victim-without financial cost to the victim- and regardless of whether the victim names the abusers or cooperates with any investigation arising out of the incident.

##### E. Support Services for Victims of Sexual Abuse

###### (1) Victim Advocate:

- (a) Following sexual crime protocol, the investigating agency provides confine with access as appropriate to a forensic medical examination performed, where possible, by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE), as part of evidence gathering. If SAFE or SANE examinations are not possible, then document the effort and obtain other qualified medical practitioner(s) for evidence gathering.
- (b) Ensure sexual abuse, rape crisis victim advocate and/or mental health care access options, as appropriate, are made readily available and that support protocols are followed."

#### Additional Documentation/Observations from Facility Tour

AFOSI utilizes the evidence collection protocols outlined in AFI 71-124 Crime Scene Manual. This protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

The facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility. During the audit, the auditor was provided with a list of seven local hospitals that provide SANE/SAFE services.

In the past 12 months, there have not been any forensic medical examinations conducted on inmates from Barksdale AFB.

The SAPR office is the primary point of contact for all sexual abuse incidents involving Air Force personnel. Staff from this office are available to respond 24 hours a day, 7 days a week. These staff provide victim advocate services.

### **Staff and Inmate Interviews**

During interviews with random staff, the auditor confirmed staff were aware of the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Staff advised the area would be treated like a crime scene. All parties involved would be separated and secured, and advised not to do anything that could destroy evidence (shower, change clothes, use the restroom, etc.). AFOSI would be notified and would lead the investigation and evidence collection. The victim would be transported to the hospital for a forensic examination.

During the interview with the SARC Manager for Forensic Examiners of Louisiana, Inc. (SAFE/SANE), the auditor confirmed there is an MOU in place for the entire Barksdale Air Force Base and includes inmates confined at Barksdale Confinement Facility. There are trained examiners who are on call 24 hours a day, 7 days a week, 365 days a year. Air Force Security Forces has a copy of the on-call list, and can directly call out the forensic examiner that is on-call. The inmate would be transported to one of the local SART facilities for this examination. The auditor was advised there has never been an issue where one of the examiners was unavailable to respond.

During the interview with the PREA Compliance Manager, the auditor confirmed victim advocate services would be provided by the SAPR office; which is located on the military base and is under the organizational branch of the Department of Defense. No MOU is needed since these services are available to all military personnel and are provided by the Department of Defense. The Department of Defense ensures all advocates at the SAPR office are properly trained to provide victim advocate services.

There were no inmates at the facility who alleged sexual abuse within the past 12 months.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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 such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## **Supporting Policies**

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 19-20):

### **"F. Investigation of Incidents**

(1) The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI.

(2) Sexual assault or sexual harassment allegations are referred for criminal investigation to AFOSI or another criminal investigative agency as AFOSI determines and are not considered administrative investigations. The facility requests relevant information from AFOSI in order to inform the confinee of the investigation outcome."

## **Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any allegations of sexual abuse and/or sexual harassment that were received.

The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website (<http://www.af.mil/SAPR/SAPR-Definition/#saprreports>).

The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

## **Staff and Inmate Interviews**

During the interview with the Agency Head, the auditor confirmed the facility does not have internal investigators that investigate allegations of sexual abuse. AFOSI, which is external from AF Confinement, would be the investigating agency. Any allegation of sexual abuse or sexual harassment would be referred to AFOSI. The AFOSI investigator would determine whether the allegation will be investigated administratively or criminally, based on the information he obtains.

During an interview with a member of the AFOSI, the auditor confirmed criminal investigations would be referred to AFOSI for their investigation.

## **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility exceeds the above standard. This determination was made due to the following reasons:

## 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.*

#### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 22-:

##### A. Employee Training

- 1) 2d SFS ensures all staff members who have contact with confinees are trained on:
  - a) Its zero-tolerance policy for sexual abuse, sexual harassment and retaliation
  - b) How to fulfill their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment
  - c) Confinees' right to be free from sexual abuse and sexual harassment

- d) The right of confinees and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- e) The dynamics of sexual abuse and sexual harassment in confinement
- f) The common reactions of sexual abuse and sexual harassment victims
- g) How to detect and respond to signs of threatened and actual sexual abuse
- h) How to avoid inappropriate relationships with confinees
- i) How to communicate effectively and professionally with confinees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.
- j) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

### **Additional Documentation/Observations from Facility Tour**

The agency training is completed by confinement staff annually. Staff training is conducted through SMARTNet.

In the past 12 months, 100% of all staff assigned to the facility were trained on the PREA requirements.

The agency documents that employees understand the training they have received.

### **Staff and Inmate Interviews**

During interviews with random staff, the auditor confirmed staff are receiving PREA training, which includes all aspects of 115.31.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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

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

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

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

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

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

### 115.32 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Policies

N/A

#### Additional Documentation/Observations from Facility Tour

The auditor was advised that the facility does not allow volunteers or contractors to work inside the facility. The auditor confirmed there have not been any volunteers or contractors that have worked inside the facility within the past 12 months.

#### Staff and Inmate Interviews

Staff interviews confirmed there are no contractors or volunteers authorized to be inside the secure facility and/or have contact with inmates.

There are no medical or mental health staff that work on-site at the facility. Medical and mental health services are provided off-site by 2nd Medical Group. Based on guidance provided by the PREA Resource Center FAQ, the auditor has determined the agency is not subject to the requirements of 115.32.

#### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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 such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

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

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 19-20):

#### B. Confinee Orientation and Education

- 1) During the intake process, confines receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
- 2) Within 72 hours of intake, the unit provides comprehensive education to confines either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and the CF's policies and procedures for responding to such incidents.
- 3) Current confines are to receive education upon transfer from a different facility to the extent that the policies and procedures of the confinee's new facility differ from those of the previous facility.

4) The CF documents and tracks training through signature on the PREA confine Training Acknowledgement and Receipt document located on the SF SMARTnet under the Correction & Confinement PREA tab.

5) In addition to providing such education, the CF ensures that key information is continuously and readily available or visible to confines through posters, confine handbooks, or other written formats.

### **Additional Documentation/Observations from Facility Tour**

In the past 12 months 100% of all inmates who were admitted and housed 72 hours or more, were provided PREA education during intake.

In the past 12 months, 100% of all inmates who were housed 30 days or longer who were given comprehensive PREA education.

All inmates watch the same PREA training video, PREA: What You Need to Know (16-minute education video) within 72 hours of intake and complete the Confinee Acknowledgement letter.

To be in the military, enlistees are required to speak English, be able to read and write, and be physically abled. In the event a military staff member became disabled, this individual would be discharged from the military. Accommodations would be made whenever needed, but based on the previous comments; this would be an extremely rare occurrence.

During the audit tour, the auditor discovered PREA educational information was posted throughout the facility and was readily available for all inmates.

### **Staff and Inmate Interviews**

During the interview with intake staff, the auditor confirmed intake staff provide inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. As soon as the inmates arrive at the facility (within 24 hours), the inmates watch the PREA video, and staff verbally go over the material with the inmates and allow them to ask questions. The inmates are then required to sign an acknowledgement form, documenting their receipt and understanding of the information. PREA information is also readily available in the inmate handbook, as well as on signs and posters.

During the interview with the random inmate, the auditor confirmed inmates are provided with PREA education as soon as they arrive at the facility. The inmate acknowledged watching a PREA video and reading PREA information in the inmate handbook as well as on the posters on the wall. The inmate confirmed he was made aware of his right not to be sexually abused or sexually harassed; how to report sexual abuse or sexual harassment; as well as his right not to be punished for reporting sexual abuse or sexual harassment. The inmate confirmed he received this information “almost instantly” after he arrived at the facility.

### **Final Determination**

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

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

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

#### **Supporting Policies**

N/A

#### **Additional Documentation/Observations from Facility Tour**

The Air Force of Special Investigations (AFOSI) is designated as the investigative agency for sexual assault or sexual harassment allegations in the Air Force and the CF is not required to maintain documentation of their specialized training.

#### **Staff and Inmate Interviews**

During an interview with AFOSI investigative staff, the auditor confirmed all AFOSI staff have received training in conducting sexual abuse investigations. This training is provided at the Federal Law Enforcement Training Center. Training topics included: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administration and prosecution referral. The auditor was advised that Air Force Special Investigations is external from Air Force Confinement.

#### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

### Supporting Policies

N/A

### Additional Documentation/Observations from Facility Tour

Air Force Level I facilities do not have full or part-time medical and mental health care practitioners who work regularly in its facilities and are exempt from completing specialized training requirements for PREA. These services are conducted by the local military treatment facility or local medical facilities.

### Staff and Inmate Interviews

There are no medical or mental health staff that work on-site at the facility. Medical and mental health services are provided off-site by 2nd Medical Group. Based on guidance provided by the PREA Resource Center FAQ, the auditor has determined the agency is not subject to the requirements of 115.35.

### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No



- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  
 Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 12-13):

#### "F. Screening of Confinees

##### 1) Screening for Risk of Victimization and Abusiveness

a) Within 72-hours of in-processing, screen the confine using the "Risk Survey for Confinee Victimization and Abusiveness" which is located on the secure SF SMARTnet under the Air Force Confinement and Corrections Directorate tab. This survey is meant to assist in determining potential risk "to become" a victim or "to become" an abuser. Screen (personally ask) the confine using the questionnaire each time from the website ensures PREA screening questions are current with legal requirements). Take no disciplinary action for failure to cooperate with the assessment, specifically questions involving; sexual orientation, self-identified gender, previous sexual victim, or their perception of vulnerability. When necessary for staff assessment, obtain other screening answers by researching personnel records and/or criminal records by mere observation (e.g., size, body build, etc.).

b) If the staff determines the confine has, 1) experienced prior sexual victimization in a previous confinement facility, or in an institution or in the community or, 2) has previously perpetrated sexual abuse in a previous confinement facility, or in an institution or in the community then offer to schedule a follow up meeting (to occur within 14 days of the initial screening) with a medical or mental health practitioner. Place the screening document and note the acceptance/declination of the offer in the Correctional Treatment File (CTF). Subsequently, include in the CTF the medical or mental health practitioner recommendations relative to treatment plans, management decisions for housing, and work outlets programs.

c) If sexual victimization in the community was not self-identified in the at-risk screening but, discovered by the medical or mental health practitioner, they must seek informed consent from the confine, if over 18 years of age, for the release of that information to the confinement staff.

d) When the staff believes the confine has adjusted to placement in a confined setting, using the same questions and methods, conduct the screening again; however, do not exceed 30 days from in-processing. Reassess as necessary, when additional information is received or an abusive or victimization situation occurs or is believed possible. Place the screening document in the CTF.

e) The goal is to make decisions to keep potential victims from potential abusers. The Confinement NCOIC makes individualized determinations on the best manner to ensure safety for those at risk concerning housing, work outlets, etc. Conversely, do not use this information to separate groups of individuals (where no risk of harm or abuse exists) based solely on sexual orientation or self-identified gender unless under a legal order.”

### **Additional Documentation/Observations from Facility Tour**

During the site visit, the auditor reviewed risk screenings on all inmates that were processed into the facility within the past 12 months. The auditor discovered those inmates housed 72 hours or longer received an initial risk screening, and those housed 30 days, received an additional risk screening. The initial screenings were consistently conducted within 72 hours of intake, and the follow-up screenings were consistently conducted within 30 days of intake.

Screenings are conducted using an objective screening instrument.

### **Staff and Inmate Interviews**

During interviews with staff responsible for risk screening, the auditor confirmed inmates are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. The auditor was advised new intakes are typically screened the same day of intake, but no longer than 72 hours after intake. The screening consists of a series of “yes” or “no” questions related to sexual abuse. The number of affirmative responses are tallied, and a determination is made as to whether the inmate is classified as a potential victim or potential abuser. In addition to the initial risk assessment, inmates are screened as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. Inmates are also screened within 30 days of intake. Screening staff confirmed inmates are never disciplined for refusing to answer any questions pertaining to the risk screening. In addition, the agency has limited the inmate’s risk assessment information to only those staff with a “need-to-know.”

During the interview with the random inmate, the auditor confirmed the inmate received an initial risk screening the same day the inmate arrived at the facility. The inmate had only been housed at the facility for six days; therefore, the inmate had not gone through the 30-day risk screening.

During the interview with the PREA Coordinator and PREA Compliance Manager, the auditor confirmed the agency limits the access to the risk screenings to only staff with a “need-to-know,” such as medical and confinement staff.

### **Final Determination**

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not*

*meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## **Supporting Policies**

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 13):

### **"F. Screening of Confinees**

e) The goal is to make decisions to keep potential victims from potential abusers. The Confinement NCOIC makes individual determinations on the best manner to ensure safety for those at risk concerning housing, work, outlets, etc. Conversely, do not use this information to separate groups of individuals (where no risk of harm or abuse exists) based solely on sexual orientation or self-identified gender unless under a legal order."

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 9-10):

### **"D. Transgender Intake, Cross Gender Viewing and Searches**

#### **1) Transgender/Intersex Intake:**

a. Transgender/intersex housing and programming assignments are made on a case-by-case basis and coordinated with the Confinement Officer and the AFSFC."

## **Additional Documentation/Observations from Facility Tour**

The facility has only had 14 intakes within the past 12 months. None of these inmates screened to be a potential victim or potential abuser. Also, none of these inmates identified or was perceived to be LGBTI. The auditor observed one housing unit (dorm style) that was in use. In addition, the facility has two single cell housing units and two segregation cells. Considering the low number of intakes over the past 12 months (14 total), as well as the low average length of stay per inmate 27.76 days, the auditor has determined the facility has ample housing units that could provide separation for the various classifications of inmates (female potential victims, female potential abusers, male potential victims, male potential abusers). The auditor was advised that in the event there was the need to separate multiple classifications of inmates, the agency would coordinate a transfer of such inmates to another facility to house such inmates in the least restrictive housing as possible.

## **Staff and Inmate Interviews**

During the interviews with the PREA Compliance Manager and staff responsible for risk screening, the auditor confirmed inmates are screened to determine whether they are potential victims or potential abusers. These two types of inmates would not be housed in the same bay. The auditor was advised the facility is not subject to a consent decree, legal settlement, or legal judgement requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. Transgender and intersex inmates would be housed according to their case-by-case treatment plan. The agency considers whether the placement will ensure the inmate's health and safety. The agency also considers whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice per year; however, the facility has yet to house a transgender or intersex inmate. In the event a transgender or

intersex inmate were housed at the facility, they would be given the opportunity to shower separately from other inmates.

During the interview with the PREA Coordinator, the auditor confirmed the agency is not subject to a consent decree, legal settlement, or legal judgement requiring the facility to place LGBTI inmates in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. An inmate who is LGBTI would be interviewed and their preference would be considered in determining housing.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

## **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

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

#### **115.43 (b)**

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



- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Policies



2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 13):

“3) Protective Custody

- a) Confinees at high risk for sexual victimization are not placed in involuntary segregated housing unless the CF has assessed all available alternatives and has determined that there is no available alternative means of separation from likely abusers.
- b) If the facility restricts access to programs, privileges, education, or work opportunities, it documents in the blotter the opportunities that have been limited, the duration of the limitation, and reasons for such limitations.
- c) If an involuntary segregated housing assignment is made pursuant to this section, the facility clearly documents the basis for the facility's concern for the confinee's safety and the reason why no alternative means of separation can be arranged.
- d) The facility assigns such confinees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days.
- e) Every 30 days, the facility affords each such confinee a review to determine whether there is a continuing need for separation from the general population.”

**Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any inmates at risk of sexual victimization who were held in involuntary segregated housing.

**Staff and Inmate Interviews**

During the interview with the Warden, the auditor was confirmed the agency policy prohibits placing inmates at high risk of sexual abuse or those who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. The auditor confirmed there have been no allegations of sexual abuse, and no instances where segregation was utilized to separate an inmate at high risk of sexual abuse. In the event there was an allegation, or a need to separate such inmates, the victim would only be housed in involuntary segregation as a last resort. The facility would expedite the process to get the inmate moved out of segregated housing and into the least restrictive housing unit as possible. The auditor confirmed the facility has segregation cells; however, these cells are almost never utilized.

**Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 15):

#### "1) Confiner Reporting

- a) The CF provides multiple internal ways for confines to privately report sexual abuse and sexual harassment, retaliation by other confines or staff for reporting sexual abuse or sexual harassment, and staff neglect that may have contributed to such incidents. Confinees may report concerns by: Reporting abuse directly to Confinement NCOIC or a staff member, requesting a visit from their First Sergeant, or requesting an interview with the Confinement NCOIC/Assistant NCOIC by completing a DD form 510.
- b) The CF also provides at least one way for confines to report abuse, harassment, retaliation, and staff neglect to a public or private entity that is not part of the agency and that is able to receive and immediately forward confine reports of sexual abuse and sexual harassment to agency officials allowing the confine to remain anonymous upon request. Confinees may report concerns by: The direct phone line installed in the facility library. This phone allows confines to discreetly report abuse, harassment, retaliation, and staff neglect to various outside agencies. Phone numbers for 30 SW SAPRO, ADOC, Chaplain, and DOD Safe Helpline are provided.
- c) Staff accepts reports made verbally, in writing, and anonymously. Staff promptly documents any verbal reports."

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 17):

#### "4) Rules for Third Parties to Report Abuse and to Assist Confinees with Grievances

- a) CF establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a confine.
- b) Staff shall accept reports made verbally, in writing, and anonymously from third parties and promptly documents any verbal reports. Confinees are notified during incoming brief that they may drop anonymous reports in the designated NCOIC/ANCOIC locker. There are no formal anonymous report forms, but they can use any available paper.
- c) Third parties, including fellow confines, staff members, family members, attorneys, and outside advocates, are permitted to assist confines in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of confines.

d) If a third-party files such a request on behalf of a confinee, the CF facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the confinee declines to have the request processed on their behalf, the CF documents the confinee's decision."

#### **Additional Documentation/Observations from Facility Tour**

Staff are required to document verbal reports promptly.

Reporting information is available in brochures which are available to both inmates and staff.

The inmate phones are not in view of the security cameras and allows inmates the ability to privately report sexual abuse. In addition to this reporting method, the auditor recommended the facility install a "PREA box" which would give the inmates another means of privately reporting sexual abuse. Prior to the completion of the final report, the auditor was provided with a request to purchase secure boxes that will be utilized as "PREA boxes." The auditor was advised that they will be installed in all housing units.

#### **Staff and Inmate Interviews**

During interviews with random staff, staff confirmed being aware of how to make a private report of sexual abuse and sexual harassment of inmates (PREA hotline, contact SAPR, or notify chain of command). Staff advised inmates could call the PREA hotline which goes to an outside entity, or report directly to SAPR. Staff acknowledged inmates can report verbally, in writing, anonymously, and through third parties. Verbal reports would be documented as soon as possible.

During the interview with the Random Inmate, the inmate acknowledged being aware of how to report sexual abuse (PREA hotline, anonymously, in person, or in writing).

During the interview with the PREA Compliance Manager, the auditor confirmed inmates have access to the Department of Defense Safe Help Line, and can report sexual abuse to this agency which is external from AF Security Forces, or by contacting Sexual Abuse Prevention and Response (SAPR). Reports to these agencies are immediately transmitted to agency officials and allows the inmate to remain anonymous upon request.

#### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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  NA

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

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

#### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 15-16):

#### "2) Confinee Grievances

- a) The CF shall not impose a time limit on when a confine may submit a grievance regarding an allegation of sexual abuse.
- b) The CF shall not require a confine to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- c) The CF ensures that a confine who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.
- d) IAW 28 CFR Part 115.52 (d)-1, the CF issues a final 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 confines in preparing any administrative appeal.
- e) IAW 28 CFR Part 115.52 (d)-3, the CF may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate action. The CF notifies the confinee in writing of any such extension and provide a date by which a decision shall be made.
- f) At any level of the administrative process, including the final level, if the confine does not receive a response within the time allotted for reply, including any properly noticed extension, the confine may consider the absence of a response to be a denial at that level.
- g) Through a Discipline and Adjustments Board, the DFC may discipline the petitioner for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the confine filed the grievance in bad faith."

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 17):



"c) Third parties, including fellow confines, staff members, family members, attorneys, and outside advocates, are permitted to assist confines in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of confines.

d) If a third-party files such a request on behalf of a confine, the CF facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the confine declines to have the request processed on their behalf, the CF documents the confinee's decision."

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 13-14):

**"G. Protection of Confinees Facing Substantial Risk**

1) When the CF learns that a confine is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the confine by separating the victim and alleged abuser.

2) After receiving an emergency grievance alleging a confinee is subject to a substantial risk of imminent sexual abuse, CF shall:

a) Immediately forward the grievance (or any portion of it that alleges the substantial risk of imminent sexual abuse) to DFC, Confinement Officer, AFSFC PREA Coordinator, and the unit PREA Compliance Manager for review and immediate corrective action.

b) The CF will provide an initial response within 48 hours to confines who allege to be at substantial risk of imminent sexual abuse.

c) The CF will issue a final decision within five (5) calendar days to confine.

d) The initial response and final decision needs to document determination of whether the confine is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance."

**Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any grievances that were filed that alleged sexual abuse.

**Staff and Inmate Interviews**

N/A

**Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

### Supporting Policies

U.S. Air Force AFI-105\_AFGM2017-01 (page 43) states:

“2.5.1.2. Grievance reporting by confinees. Ensure the Facilities Rules Book instructs confinees how to report grievances. Confinees may tell a staff member verbally, or signed or anonymously in writing. (The staff member receiving a grievance from a confinee is independently responsible to report it to the proper office for review/investigation with all sexual abuse and sexual harassment grievances being initially referred to AFOSI.) Confinees may use their privileged communication (telephone/mail) options as one method. They may also use in person communication with legal, pastoral or medical staff during scheduled appointments. However, to reduce delays and still maintain privacy, additional methods are necessary. Facilities will make available a direct dial only non-recorded/monitored phone (suggest placing in the day room). As a minimum link this phone to the installation SAPRO, the DoD Safe Helpline (1-877-995-5247), installation Chaplain, ADC and local time/weather recording. (Other direct lines can be added as locally deemed necessary.) The object is to provide discreet multiple authorized direct connections so that an observer cannot assume to whom the call is being placed. In cases of reporting sexual abuse or sexual harassment the response time is paramount.”

### **Additional Documentation/Observations from Facility Tour**

Victim advocate services are provided by the SAPR office; which is located on the military base. All military personnel have 24hr, 7 days a week access to trained victim advocates at the SAPR office.

### **Staff and Inmate Interviews**

During the interview with the random inmate, the auditor confirmed the inmate was aware services were available for inmates who are sexually abused and was aware that SAPR was an option for such victims. This inmate was aware that option #2 on the phone would connect them to SAPR. During the interview, the inmate pointed to the PREA poster that is on the wall and stated that SAPR's contact information is listed on the poster and that the number was toll-free. The inmate stated he could talk to an advocate from SAPR anytime, and that it would remain confidential.

### **Corrective Action Required / Completed**

The interim report reflected the auditor determined the agency/facility did not meet the above standard for the following reasons:

The current PREA brochures contain only a phone number to the outside victim advocate. PREA standards require both a phone number and mailing address.

The auditor required the facility to revise their PREA brochures and include the mailing address to outside victim advocates.

During corrective action, the referenced poster was re-designed and now includes a mailing address. The auditor was provided a copy of the new brochure/poster.

## **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.*

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 17):

#### "4) Rules for Third Parties to Report Abuse and to Asset Confinees with Grievances

- a) CF establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a confine.
- b) Staff shall accept reports made verbally, in writing, and anonymously from third parties and promptly documents any verbal reports. Confinees are notified during incoming brief that they may drop anonymous reports in the designated NCOIC/ANCOIC locker. There are no formal anonymous report forms, but they can use any available paper.
- c) Third parties, including fellow confines, staff members, family members, attorneys, and outside advocates remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of confines.
- d) If a third-party files such a request on behalf of a confine, the CF facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the confine declines to have the request processed on their behalf, the CF documents the confinee's decision."

### Additional Documentation/Observations from Facility Tour

Specific information on how to file a third-party report is outlined in the PREA brochure. These brochures area available to both staff and inmates.

### Staff and Inmate Interviews

N/A

### Corrective Action Required / Completed

The interim report reflected the auditor determined the agency/facility did not meet the above standard for the following reasons:

The auditor was unable to locate specific information on how inmates can file a third-party report.

The auditor required the facility to install "PREA Boxes" in an area that is available to both staff and inmates and is not video monitored. The box shall be secure and properly labeled for the inmates and shall specifically include information on how to file a third-party report of sexual abuse and sexual harassment.

During the corrective action period a "PREA" box was installed in the communal area with access available for all inmates. Only the PREA compliance managers have the access code and check the box on a weekly basis. The auditor was provided with a photograph of the installed PREA Box.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 16):

"3) Staff Reporting Rules

- a) Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against confines or staff who reported such an incident; and any staff neglect that may have contributed to such incident or retaliation, immediately reports such incident or retaliation using the chain of command.
- b) Apart from reporting to designated supervisors or officials, staff cannot reveal any information related to a sexual abuse report to anyone except officials with the need to know.”

### **Additional Documentation/Observations from Facility Tour**

N/A

### **Staff and Inmate Interviews**

During interviews with random staff, the auditor confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

During the interview with the Warden, the auditor confirmed all allegations of sexual abuse and sexual harassment are forwarded to OSI for investigation.

### **Final Determination**

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

### **Supporting Policies**

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 13):

"G. Protection of Confinees Facing Substantial Risk

1) When the CF learns that a confine is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the confine by separating the victim and alleged abuser."

### **Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any instances where the agency or facility has determined that an inmate was subject to substantial risk of imminent sexual abuse.

### **Staff and Inmate Interviews**

During the interview with the Agency Head, Warden, and random staff, the auditor confirmed the that when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, the facility would separate the alleged victim from the alleged abuser and conduct an internal investigation.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

#### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 22):

##### "I. Notifying Other Confinement Agencies

- Upon the CF receiving an allegation that a confine was sexually abused while confined at another facility, within 72-hours, the DFC will either, 1) notify the head of the other facility of the allegation or, 2) notify the appropriate investigating agency.
- In either case, document the notification, as appropriate, instruct staff how to assist confinee(s) in gaining access to care and support services.
- If staff believes a confinee is subject to a substantial risk of imminent sexual abuse, take immediate action to protect the confinee.
- Once staff has reported this to the proper investigating office, they do not disclose, other than to the official extent necessary, any of this information except when necessary to make decisions concerning treatment, investigation, and other security and management decisions."

#### Additional Documentation/Observations from Facility Tour

In the past 12 months, there have not been any allegations the facility received that an inmate was abused while confined at another facility.

In the past 12 months, there have not been any allegations of sexual abuse the facility received from other facilities.



## Staff and Inmate Interviews

During the interview with the Agency Head, the auditor confirmed that if a report is received from an outside facility, this report would be referred for investigation. If their agency receives reports from misconduct which allegedly occurred at outside facilities, this information would be reported to the agency where the abuse allegedly occurred, as well as OSI. There have not been any allegations received within the past 12 months.

During the interview with the Warden, the auditor confirmed if they received allegations of sexual abuse from another facility, an investigation would be initiated.

## Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 18):

#### "C. Immediate Steps after Receiving Report

1) When a confinement staff first-responder learns that a confinee has been sexually abused, immediate action is taken to protect the confinee. The PREA Response Checklist located on the secure SF SMARTnet is initiated immediately. Non-confinement staff first-responders notify staff of sexual abuse allegations. The confinement staff first-responder actions include:

- a) Separate the confinee from the alleged perpetrator.
- b) Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.
- c) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim- and ensure that the alleged abuser- not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- d) Confinement staff first responders immediately notify AFOSI and the appropriate medical and mental health practitioners."

### Additional Documentation/Observations from Facility Tour

In the past 12 months, there have not been any allegations of sexual abuse.

Staff utilize a PREA First Responder Checklist to ensure proper steps are followed.

### Staff and Inmate Interviews

During interviews with random staff, the auditor determined staff were well aware of their duties and responsibilities as a first responder.

### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 17-18):

"B. Coordinated Response to Report of an Incident

1) As a general guide to ensuring that the victim receives the best possible care and that investigators have the best chance of identifying and charging the perpetrator, the CF shall coordinate with the Air Force Office of Special Investigations (AFOSI), medical health staff, victim advocates, and a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE) for the following actions:

- a) Assessing the victim's acute medical needs
- b) Explaining the need for a forensic medical exam and offering the victim the option of undergoing one
- c) Offering the presence of a victim advocate or a qualified staff member during the exam
- d) Providing crisis intervention counseling
- e) Interviewing the victim and any witnesses"

### **Additional Documentation/Observations from Facility Tour**

The auditor was provided with a checklist that outlines responsibilities for first responders, medical, investigative staff, victim advocate, and incident review team.

### **Staff and Inmate Interviews**

During the interview with the Warden, the auditor confirmed the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. This information is outlined in the Policy Manual.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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

*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.*

#### Supporting Policies

N/A

#### Additional Documentation/Observations from Facility Tour

Barksdale Confinement Facility does not operate under any collective bargaining agreements.

#### Staff and Inmate Interviews

During the interview with the Agency Head, the auditor confirmed the agency does not operate under collective bargaining agreements.

#### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 20-21):

##### "G. Protection of Confinees from Retaliation

- 1) 2d SFS policy is to protect all confines and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confines or staff.
- 2) The CF employs multiple protection measures, such as housing changes, or transfers for confinee victims or abusers, removal of alleged staff or confinee abusers from contact with victims, and emotional support services for confines or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- 3) For at least 90 days following a report of sexual abuse, the PCM monitors the conduct and treatment of confines or staff who reported sexual abuse, and of confines who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by confines or staff, and acts promptly to remedy any such retaliation. Monitoring may go beyond 90 days if needed. Monitoring includes:

- a) Periodic in-person conversations with confinees and/or staff
- b) Review of disciplinary incidents involving confinees
- c) Review of housing or program changes
- d) Review of negative performance reviews or reassignments of staff
- e) Periodic in-person conversations with confinees and/or staff
- f) Review of disciplinary incidents involving confinees
- g) Review of housing or program changes”

**Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any incidents of retaliation reported.

**Staff and Inmate Interviews**

During an interview with the Agency Head, the auditor confirmed staff and/or inmates would be transferred to another facility to protect those who reported sexual abuse from retaliation.

During an interview with the Warden, the auditor confirmed staff would separate the victim from the abuser. Housing changes may be arranged to ensure separation. The victim would also be referred for emotional support services. The auditor was advised they have never had an incident of retaliation; however, all available Air Force resources would be utilized.

During the interview with the retaliation monitor, the auditor confirmed the retaliation monitor would ensure his staff are aware of the core values of the Air Force and ensure they are aware of the zero-tolerance policy for retaliation against those that report. The retaliation monitor would enforce punishment measures if there is ever any retaliation identified. The retaliation monitor advised he would personally contact the victim and ensure all supporting agencies are treating the individual. In order to detect retaliation, the retaliation monitor looks to see if the reportee is being intimidated, threatened, or receiving undue punishment. The retaliation monitor stated he would monitor any reportee indefinitely.

**Final Determination**

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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**

*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.*

#### **Supporting Policies**

N/A

#### **Additional Documentation/Observations from Facility Tour**

During the site visit, the auditor was advised the facility has a segregation cells; however, these cells are rarely used. The auditor was advised that in an emergency these cells could be utilized; however, the facility would always transfer the inmate to another facility.

#### **Staff and Inmate Interviews**

During the interview with the Warden, the auditor was advised the facility does not use protective custody to house inmates who report sexual abuse or those who are at risk of being sexually abused.

#### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

## **INVESTIGATIONS**

### **Standard 115.71: Criminal and administrative agency investigations**

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

#### **115.71 (a)**

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

### 115.71 (g)

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

### 115.71 (h)

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

### 115.71 (i)

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

### 115.71 (j)

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

### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not*

*meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## **Supporting Policies**

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 19-20):

### **“Investigation of Incidents**

- 1) The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI.
- 2) Sexual assault or sexual harassment allegations are referred for criminal investigation to AFOSI or another criminal investigative agency as AFOSI determines and are not considered administrative investigations. The facility requests relevant information from AFOSI in order to inform the confinee of the investigation outcome.
- 3) If a staff member is the accused, (unless the allegation is unfounded) the facility informs the accuser when; the staff member is no longer posted in the confinement facility and/or a charge is made against the staff member relative to this sexual abuse allegation and documents all notifications in the CTF.
- 4) If another confinee is the accused, the facility informs the accuser when the accused has been charged and results of the trial relative to this sexual abuse allegation. The facility’s obligation to report this information under PREA terminates if the accused is transferred/released from the facility.”

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 25):

“3) All PREA collected data from all available incident-based documents, including reports, investigation files, response checklist, and sexual abuse incident reviews are promptly sent to the AFSFC PREA Coordinator. This data will be maintained at the unit level as long as the alleged abuser is incarcerated plus 5 years.”

## **Additional Documentation/Observations from Facility Tour**

The facility has not had any allegations referred for criminal prosecution since August 20, 2012.

## **Staff and Inmate Interviews**

During an interview with a member of AFOSI, the auditor confirmed this staff member received specialized training in conducting sexual abuse investigations. This training included: techniques for interviewing victims of sexual abuse, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. If the incident just occurred, the investigation would begin immediately. The facts of each investigation would dictate their own course of action. Evidence would be collected. The victim and witnesses would be interviewed. The crime scene would be analyzed. Third-party reports would be treated the same as any other investigation. Evidence collected would include sexual assault exam kits, hospital records, and alternate light sources to collect bodily fluids, as well as toxicology records. Upon the conclusion of the investigation, the facts of the case would be presented to the legal department, and they would determine whether the case is prosecuted. The investigation would continue regardless of whether the victim or abuser is no longer at the facility. Any staff neglect would be forwarded up to the Commander of the facility.

During the interview with the Warden, PREA Compliance Manager, and PREA Coordinator, the auditor confirmed AFOSI would be the point of contact for any investigation.

### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

### Supporting Policies

N/A

### Additional Documentation/Observations from Facility Tour

AFOSI is the investigating authority for Air Force Confinement Facilities and follows the evidence standards set forth by the Air Force Security Forces Center (AFSFC). This standard is a preponderance of the evidence.

## Staff and Inmate Interviews

During an interview with AFOSI, the auditor was advised the investigators find the facts of the case and present the facts to the Commander and the legal team. Based on a review of this evidence, they would use a preponderance of the evidence to determine whether the allegation was substantiated.

## Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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.*

#### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 20):

"3) If a staff member is the accused, (unless the allegation is unfounded) the facility informs the accuser when; the staff member is no longer posted in the confinement facility and/or a charge is made against the staff member relative to this sexual abuse allegation and documents all notifications in the CTF.

4) If another confinee is the accused, the facility informs the accusers when the accused has been charged and results of the trial relative to this sexual abuse allegation. The facility's obligation to report this information under PREA terminates if the accused is transferred/released from the facility"

### **Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any allegations of inmate sexual abuse that were reported.

### **Staff and Inmate Interviews**

During an interview with the Warden, the auditor confirmed notifications are provided to inmates at the conclusion of sexual abuse investigations.

During an interview with a member of the AFOSI, the auditor was advised the special victims counsel would be responsible for providing any such notifications.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

#### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 21):

"H. Sanctions against Sexual Abusers When Allegations are Substantiated

- 1) Disciplinary Sanctions for Staff
  - a) Staff are subject to disciplinary sanctions for violating Air Force sexual abuse or sexual harassment policies.
  - b) Disciplinary actions taken for any staff member are IAW Air Force policy, DoD policy, Military Law, the Uniform Code of Military Justice (UCMJ), and Federal Law"

#### Additional Documentation/Observations from Facility Tour

In the past 12 months, there have not been any staff who have been found to have violated the agency's sexual abuse and sexual harassment policies.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment, are 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.

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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

### Staff and Inmate Interviews

N/A

### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

#### Supporting Policies

N/A

#### Additional Documentation/Observations from Facility Tour

Barksdale Correctional Facility does not allow volunteers or contractors inside the secure facility; therefore, this standard would be not applicable to the facility.

#### Staff and Inmate Interviews

N/A

#### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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)

- 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.*

#### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 21):

**“H. Sanctions against Sexual Abusers When Allegations are Substantiated**

**2) Disciplinary Sanctions for Confinees**

- a) Confinees are subject to disciplinary actions pursuant to a formal disciplinary process following an administrative finding that the confinee engaged in confinee-on-confiner sexual abuse or following a criminal finding of guilt for confinee-on-confiner sexual abuse.
- b) Disciplinary actions taken for any confinee are IAW Air Force policy, DoD policy, military law and the Uniform Code of Military Justice (UCMJ).”

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 12-13):

“b) If the staff determines the confinee has, 1) experienced prior sexual victimization in a previous confinement facility, or in an institution or in the community or, 2) has previously perpetrated sexual abuse in a previous confinement facility, or in an institution or in the community then offer to schedule a follow up meeting (to occur within 14 days of the initial screening) with a medical or mental health practitioner. Place the screening document and note the acceptance/declination of the offer in the Correctional Treatment File (CTF). Subsequently, include the CTF the medical or mental health practitioner recommendations relative to treatment plans, management decisions for housing, and work outlets programs.”

U.S. Air Force AFI-105\_AFGM2017-01 (page 41) states:

“2.3.2.9.1. Confinees cannot consent to sexual acts/contact of any kind with staff members, nor can confinees consent to sexual acts/contact of any kind with another confinee.

**Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any allegations of sexual abuse at the facility.

The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, and considers whether to require the offending inmate to participate in such interventions as a condition of the access to programming or other benefits.

The agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The agency prohibits all sexual activity between inmates.

**Staff and Inmate Interviews**

During an interview with the Warden, the auditor confirmed that if an inmate were found to have engaged in inmate-on-inmate sexual abuse, they would may receive additional time or have their good time credit removed.

There are no medical or mental health staff that work on-site at the facility. Medical and mental health services are provided off-site by 2nd Medical Group.

### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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?  Yes  No

#### 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.*

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 12-13):

"b) If the staff determines the confinee has, 1) experienced prior sexual victimization in a previous confinement facility, or in an institution or in the community or, 2) has previously perpetrated sexual abuse in a previous confinement facility, or in an institution or in the community then offer to schedule a follow up meeting (to occur within 14 days of the initial screening) with a medical or mental health practitioner. Place the screening document and note the acceptance/declination of the offer in the Correctional Treatment File (CTF). Subsequently, include in the CTF the medical or mental health practitioner recommendations relative to treatment plans, management decisions for housing, and work outlets programs."

### Additional Documentation/Observations from Facility Tour

In the past 12 months, there have not been any inmates who disclosed prior victimization or who have previously perpetrated sexual abuse as indicated in the risk screening.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

### Staff and Inmate Interviews

During interviews with staff responsible for risk screening, the auditor confirmed risk screening staff were aware to refer those inmates who disclose prior sexual abuse or who have previously perpetrated sexual abuse as indicated in the risk screening. To date, no inmate has disclosed such information.

There are no medical or mental health staff that work on-site at the facility. Medical and mental health services are provided off-site by 2nd Medical Group.

### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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**

*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.*

### **Supporting Policies**

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 18):

“D. Medical and Mental Health Services

3) Treatment services are provided to the victim-without financial cost to the victim-and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

### **Additional Documentation/Observations from Facility Tour**

Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

All medical records are maintained by the 2nd Medical Group.

### **Staff and Inmate Interviews**

There are no medical or mental health staff that work on-site at the facility. Medical and mental health services are provided off-site by 2nd Medical Group.

During interviews with first responders, those interviewed were aware of their first responder duties.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.)  Yes  No  NA

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 12-13):

"b) If the staff determines the confinee has, 1) experienced prior sexual victimization in a previous confinement facility, or in an institution or in the community or, 2) has previously perpetrated sexual abuse in a previous confinement facility, or in an institution or in the community then offer to schedule a follow up meeting (to occur within 14 days of the initial screening) with a medical or mental health practitioner. Place the screening document and note the acceptance/declination of the offer in the Correctional Treatment File (CTF). Subsequently, include in the CTF the medical or mental health practitioner recommendations relative to treatment plans, management decisions for housing, and work outlets programs."

### Additional Documentation/Observations from Facility Tour

The facility offers 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.

Female victims of sexual abuse while incarcerated are offered pregnancy tests.

If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

The facility attempts to conduct a mental health evaluation on all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

### Staff and Inmate Interviews

There are no medical or mental health staff that work on-site at the facility. Medical and mental health services are provided off-site by 2nd Medical Group.

### Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Page 20):

#### "5) Sexual Abuse Incident Reviews

- a) The DFC ensures 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.
- b) The review ordinarily occurs within 30 days of the conclusion of the investigation.
- c) The Review team should be led by the DFCs designated rep and include squadron leadership with input investigators and medical or mental health practitioners.

- d) The review team's actions include:
- 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, lesbian, gay, bisexual, transgender, intersex identification, status, perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility.
  - 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.
  - The CF implements the review team's recommendations for improvement, or document its reasons for not doing so.
  - Prepare and promptly forward all incident reports, investigation reports and sexual abuse incident reviews to the DFC, PREA Compliance Manager, and the Air Force PREA Coordinator at the AFSFC to provide the data necessary to complete various Air Force level annual reports for the Department of Justice, e.g., the Survey of Sexual Violence, et.al.

### **Additional Documentation/Observations from Facility Tour**

In the past 12 months, there have not been any allegations of sexual abuse reported at the facility.

### **Staff and Inmate Interviews**

During an interview with the Warden, the auditor confirmed the facility has a sexual abuse incident review team which includes upper-level management officials and allows for input from line supervisors, investigators, and medical and mental health staff. All aspects of 115.86 would be considered. The team would then use the information to determine whether there was a need to change policy or practice.

During an interview with the PREA Compliance Manager, the auditor confirmed the facility would conduct sexual abuse incident reviews upon conclusion of such investigation. These reports would be forwarded to him for his review. The facility would use the information from the review to correct any identified deficiencies.

During an interview with a member of the incident review team, the auditor confirmed all aspects of 115.86 would be considered as part of the review.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 24-25):

**“A. Data Collection**

- 1) The unit PREA Compliance Manager (PCM) collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using the standardized PREA Response Checklist located of the SF SMARTnet.
- 2) The PCM aggregates the incident-based sexual abuse data at least annually and provides a copy to the PREA Coordinator at the AFSFC where it will be maintained for a period of 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.
- 3) All PREA collected data from all available incident-based documents, including reports, investigation files, response checklist, and sexual abuse incident reviews are promptly sent to the AFSFC PREA Coordinator. This data will be maintained at the unit level as long as the alleged abuser is incarcerated plus 5 years.
- 4) The PCM completes an annual PREA report approved by the DFC with name and signature.
- 5) The annual report (template located on the SF SMARTnet) contains the following statistics in order to answer the annual Survey of Sexual Violence conducted by the Department of Justice:
  - a) Confinee-on-Confinee allegations of Nonconsensual Sexual Acts
  - b) Confinee-on-Confinee allegations of Abusive Sexual Contact
  - c) Staff-on-Confinee allegations of Staff Sexual Misconduct
  - d) Staff-on-Confinee allegations of Sexual Harassment”

**Additional Documentation/Observations from Facility Tour**

A review of the screening instrument indicates all required data is being collected.

**Staff and Inmate Interviews**

N/A

**Final Determination**

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.*

#### Supporting Policies

2d Security Forces Squadron (SFS) Prison Rape Elimination Act PREA Policy states (Pages 25-26):

## **“B. Data Review and Corrective Action**

- 1) The PCM along with squadron senior leadership reviews all PREA data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices, and training, including by:
  - a) Identifying problem areas
  - b) Taking corrective action on an ongoing basis
  - c) Preparing an annual PREA report (template located on the SF SMARTnet) of its findings and corrective actions for the facility.
- 2) Such reports include a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the unit’s progress in addressing sexual abuse.
- 3) The unit’s reports is approved by the DFC and made readily available to the public.
- 4) The unit removes personal identifiers and may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but indicates the nature of the material redacted.”

### **Additional Documentation/Observations from Facility Tour**

The agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

- Identifying problem areas
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole

The agency makes its annual report readily available to the public annually through its website: (<http://www.af.mil/Portals/1/documents/sapr/2016%20AF%20PREA%20Annual%20Report.pdf?ver=2017-02-01150357-283>)

When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the mater of the material redacted.

### **Staff and Inmate Interviews**

During an interview with the Agency Head, the auditor confirmed data is collected to evaluate the current processes and to look for trends. The Agency Head confirmed he approves annual reports.

During an interview with the PREA Coordinator, the auditor confirmed all data is secured and maintained by the PREA Coordinator. The annual PREA Report is maintained on the agency website. The auditor confirmed there have been no allegations of sexual abuse in any of the Air Force Confinement Facilities; however, if data will continue to be monitored to identify and correct any deficiencies. Personal Identifying Information is redacted from annual reports.

During an interview with the PREA Compliance Manager, the auditor confirmed annual reports are generated at the agency level at the Security Forces Center. Data is collected, and they make an annual assessment as to whether improvements are needed.

### **Final Determination**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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.

### Supporting Policies

U.S. Air Force 30th Security Forces Squadron Prison Rape Elimination Act PREA Guidance Zero Tolerance Policy states (Pages 25-26):

- “3) The unit’s reports is approved by the DFC and made readily available to the public.
- 4)The unit removes personal identifiers and may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but indicates the nature of the material redacted.
- 5)The AFSFC PREA Coordinator is the repository for all PREA data. Pursuant to 115.87, all PREA data will be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.”

### Additional Documentation/Observations from Facility Tour

N/A

### Staff and Inmate Interviews

During an interview with the PREA Coordinator, the auditor confirmed all data is secured and maintained by the PREA Coordinator.

### Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 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.*

The agency did not have any facilities audited during the first audit cycle; however, they provided the auditor with a schedule for Audit Cycle Two. Based on this schedule, one-third of all facilities will be audited a year and 100% of all facilities are scheduled to be audited during Audit Cycle Two.

The auditor was permitted access to, and the ability to observe, all areas of the facility.

The auditor was permitted to request and receive copies of any relevant documents.

The auditor was permitted to conduct private interviews with inmates.

Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency did not have any facilities audited during the first audit cycle; however, they provided the auditor with a schedule for Audit Cycle Two. Based on this schedule, one-third of all facilities will be audited a year and 100% of all facilities are scheduled to be audited during Audit Cycle Two.

Based on the information listed above, there are no final reports posted. The auditor confirmed all final reports will be published on the agency website.



## 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.

Ronny R. Taylor

March 17, 2018

**Auditor Signature**

**Date**

---

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

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