

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: September 17, 2016

Auditor Information			
Auditor name: Ronny R. Taylor			
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Email: Ronny@preaauditing.com			
Telephone number: 281-330-3733			
Date of facility visit: August 19-21, 2016			
Facility Information			
Facility name: Holman Correctional Facility			
Facility physical address: 866 Ross Rd., Atmore, Alabama 36502			
Facility mailing address: <i>(if different from above)</i> 3700 Holman, Atmore, Alabama 36503			
Facility telephone number: 251-368-8173			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Cynthia D. Stewart			
Number of staff assigned to the facility in the last 12 months: 155			
Designed facility capacity: 1031			
Current population of facility: 952			
Facility security levels/inmate custody levels: Minimum to Maximum Security / Death Row			
Age range of the population: 19-81			
Name of PREA Compliance Manager: Sharon Langham		Title: Lieutenant	
Email address: Sharon.Langham@doc.Alabama.gov		Telephone number: 251-368-8173 ext. 630	
Agency Information			
Name of agency: Alabama Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Alabama			
Physical address: 301 S. Ripley Street / P.O. Box 301501 / Montgomery, Alabama 36130-1501			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 334-353-3883 (Central Office Switchboard)			
Agency Chief Executive Officer			
Name: Jefferson Dunn		Title: Commissioner	
Email address: Jefferson.Dun@DOC.Alabama.gov		Telephone number: 334-353-3870	
Agency-Wide PREA Coordinator			
Name: Christy Vincent		Title: ADOC PREA Director	
Email address: Christ.Vincent@DOC.Alabama.gov		Telephone number: 334-353-2501	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of Holman Correctional Facility was conducted from August 19, 2016 through August 21, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

An introductory meeting was held August 19, 2016, the first morning of the onsite audit with Warden Cynthia Stewart and Lt. Sharon Langham.

The auditor wishes to extend its appreciation to Warden Stewart, Lt. Langham, and the entire Holman Correctional facility staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would also like to recognize PREA Coordinator Christy Vincent and PREA Compliance Manager Lieutenant Langham for their hard work and dedication to ensure the facility is compliant with all PREA standards.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including; all general population housing units, segregated housing units, death row, control centers, intake area, medical services and infirmary, dining room, kitchen, maintenance area, library, chapel, classrooms, commissary, laundry, administrative offices, and visitation areas. During the tour, several informal interviews were conducted with inmates and staff throughout the facility.

A total of 26 staff were interviewed with at least one staff member interviewed from each interview category, with the exception of statewide positions, who were previously interviewed as part of this ADOC audit cycle (PREA Coordinator, Investigators, Human Resource Staff, and Agency Head). No interview was conducted with Agency Contract Administrator (no housing contracts are in place for housing Holman Correctional Facility inmates in other facilities). Staff interviews were conducted with staff from both shifts.

A total of 27 inmates were interviewed with at least one inmate interviewed from each interview category, with the exception of inmates identifying as Transgender/Intersex and interviews related to inmates placed in segregated housing for risk of sexual victimization (these interview types were not applicable to this facility). All interviews were conducted one at a time in a private and confidential manner.

A telephone interview was conducted with the SAFE/SANE staff from Lifeline Services, who performs all the sane/safe examinations. They have a designed room at the University of South Alabama Children and Women's Hospital.

The count on the first day of the audit was 953. The count on the final day of the audit was 951.

On July 05, 2016 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 (August 19-21, 2016). The notification contained information on the upcoming audit and stated that any inmate with relevant information related the facility's compliance with the U.S. Department of Justice PREA standards should mail a letter to the auditor at least 10 days prior to the onsite audit date (August 19, 2016). The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. During this time period, the auditor did not receive correspondence from the inmates at the facility. These Notification letters were observed posted in housing units and other common areas during the site visit. The Prison PREA Compliance Manager submitted the Pre-audit Questionnaire to the auditor and was received on July 06, 2016, 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 his concerns with the Warden and PREA Compliance Manager. During the site visit, the

auditor conducted numerous informal interviews with inmates and staff during the tour of the facility. 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. The majority of concerns were addressed to the auditor's satisfaction prior to the completion of the Final Report.

When the audit was completed, the auditor conducted an exit briefing August 21, 2016. 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 Warden Cynthia Stewart and PREA Compliance Manager Lt. Sharon Langham.

DESCRIPTION OF FACILITY CHARACTERISTICS

The William C. Holman Correctional Facility was constructed in 1968 and 1969. The facility was officially opened in December, 1969, at a cost of five million dollars. The first prisoner was received on December 15, 1969. The Holman Correctional Facility houses death row inmates and is the only facility in the state that carries out executions.

The present population of Holman C. F. consists of minimum through closed custody inmates, including life without parole and Death Row inmates. The living quarters have a total capacity of 998 available beds. There are 630 population beds with Housing Units A-D having a capacity of 114 each and Housing Unit E with a capacity of 174. There are 7 infirmary beds. There are 200 segregation unit beds and Death Row has a capacity of 194 for a total of 1031 beds.

Holman is located ten miles north of Atmore, Alabama, just east of Highway 21 on Ross Road. The perimeter of the security compound is surrounded by two fences. The inner fence is taut wire fence with the outer fence being chain link. The compound has six towers and two perimeter vehicles, which operate twenty-four hours a day. During the hours of darkness, the perimeter is fully lighted. The countryside in the vicinity of Holman prison is farm and timberland. The main crops are cotton and peanuts.

Located directly behind the facility within the security compound is an industrial area consisting of a Tag Plant where all of the State's motor vehicle tags are manufactured and a Sewing Factory which makes sheets and pillow cases that are distributed to other state prisons.

In 1991, a new Administrative building was built onto the front of the main prison within the security compound to provide needed Administrative Offices. In the latter part of 1995, the entire kitchen and dining area was remodeled and updated. In 2000, a newly constructed, 200 bed single cell segregation unit was put online. In 2007, the housing units in general population were remodeled with single beds and an updated bath room area. Jeff Davis Community College offers educational courses at Holman consisting of ABE and GED courses.

SUMMARY OF AUDIT FINDINGS

After reviewing all information provided during the pre-audit and onsite audit, staff and inmate interviews, as well as visual observations made by the auditor during the facility tour, the auditor has determined the following:

Number of standards exceeded: 2 **115.11** Zero tolerance of sexual abuse...harassment; PREA Coordinator
115.22 Policies to ensure referrals of allegations for investigations

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3 **115.14** Youthful Inmates
115.52 Exhaustion of administrative remedies
115.66 Preservation of ability to protect inmates from contact with abusers

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

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

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

Alabama DOC Policy 454 states it is the policy of the ADOC to maintain a zero-tolerance policy against inmate sexual abuse and harassment and custodial sexual misconduct. Any sexual conduct, whether inmate-on-inmate or employee-on-inmate, and whether consensual or forced, is strictly prohibited. This policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, and includes definitions of prohibited behaviors regarding sexual assault and sexual harassment.

The agency has employed an upper-level, agency-wide PREA Coordinator to oversee the agency's efforts to become PREA compliant in all state facilities. The PREA office reports directly to the Office of General Counsel. The position of the PREA Coordinator within the Alabama Department of Corrections is the PREA Director.

Holman Correctional Facility has a PREA Compliance Manager that works with the PREA Director to oversee the facility's compliance with all PREA standards. The PREA Compliance Manager holds the rank of Lieutenant and reports directly to the Warden.

Based on Previous Interview (May, 2016) conducted by PREA Auditor William Boehnemann

The PREA Director indicates she is allotted ample time to oversee the agency's efforts to ensure PREA compliance within the Prison. There is one PREA Compliance Manager assigned to Holman Correctional Facility that reports to the PREA Director and/or Warden, and a total of 28 Compliance Managers (IPCMs) within ADOC whom report to the agency-wide PREA Director. In addition, there are 28 "Back-up IPCMs" (one for each IPCM) designated to provide assistance, relief, or back up in the event the IPCM is out for any extended leave of absence. This allows for consistency and no lapse in facility management for PREA compliance. The Back-Up IPCMs maintain communication with the IPCMs in order to keep abreast of any new information or information pertinent to the operations of the facility and PREA compliance. The Back-up PREA Compliance Manager stated she also has ample time to manage her PREA related responsibilities. The PREA Director communicates with the PREA Compliance Manager and Back-up PREA Compliance Manager on a regular basis to ensure compliance is being monitored for all PREA standards.

The Institutional PREA Compliance Manager is required to submit a bi-monthly report to the PREA Director providing a summary report of all PREA related incidents occurring within that month. For each incident included in this report there is a brief summary of the incident, update on any investigative process, or any conclusion drawn for the incident.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Based on Previous Interview (May, 2016) conducted by PREA Auditor William Boehnemann:

Alabama DOC Policy 454 Section III-D does state “the ADOC General Counsel shall be responsible for: ensuring that contracts for confinement of inmates include a provision indicating to the contracting entity its obligation to comply with the PREA standards and the ADOC’s monitoring of such compliance.

During the interview with the Agency Contract Monitor, she stated that the County facility in which they have a housing agreement with has to maintain PREA compliance as part of the contract obligations. This contract/MOU is renewable and is looked at yearly for renewal. The contract renewal was provided during the pre-audit acknowledging the original contract has been renewed. During the pre-audit, the auditor requested the original contract in order to verify language content within the contract specific to PREA and PREA compliance as stated in the standard. The auditor was provided the original contract during the post audit review period and the language within the contract meets the requirements as set forth in this standard. The Agency Contract Administrator also stated that the PREA Director and an I&I investigator make visits to this facility a few times per year (unless required more often for any reason) in order to speak with the inmates and ensure they are being treated as they should, are well cared for, and there are no issues or complaints that need attention.

Standard 115.13 Supervision and monitoring

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

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Alabama DOC Policy 454 states the Warden will assist in the development of the facility staffing plan and will make his/her best efforts to comply with the staffing plan. The plan will provide for adequate levels of staffing and, where applicable, video monitoring to protect inmates from sexual abuse.

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

The staffing plan was most recently reviewed on May 24, 2016. The review plan consists of a breakdown of the minimum number of personnel required per shift, as well as their positions. The staffing plan was predicated on facility capacity of 1,029 inmates.

According to the staffing plan, Holman Correctional Facility is authorized three (3) administrative staff security personnel and two hundred forty-one (241) correctional officers.

The auditor was advised the facility uses voluntary and mandatory overtime to fill vacant positions.

Alabama DOC Policy 454 states each facility shall implement a practice of having intermediate and higher-level staff conducts and document unannounced rounds to identify and deter sexual abuse and harassment. These shall be implemented on day shifts as well as night shifts. There must be a prohibition on alerting others of the rounds occurring and practices in place that disallow staff from alerting other staff of the rounds unless there is a legitimate operational need to do so.

The auditor was provided with documentation of unannounced supervisor rounds, and interviews with staff and inmates confirmed this was common practice.

In addition to the unannounced supervisor rounds, the PREA Coordinator conducts an annual Secure Facility Vulnerability Assessment, which documents any blind spots discovered, as well as other potential areas of concern.

The auditor was provided documentation indicating the facility reviews its staffing plan annually; the most recent review was conducted on March 11, 2016. The auditor was advised the Warden, PREA Director, PREA Compliance Manager, as well as other administrative staff, have input in the staffing plan. This review consists of an assessment of the following:

- 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 plant (including "blind spots" or areas where staff or inmates may be isolated);
- f. The composition of the inmate population;
- g. The number and placement of supervisory staff;
- h. Institution programs occurring on a particular shift;
- i. Any applicable state or local laws, regulations, or standards;
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.
- k. Any other relevant factors.

Note: During previous Interview with Auditor Boehnemann: "During interviews with the PREA Director, she confirmed she reviews the staffing plan annually."

During interviews with intermediate and intermediate and higher-level facility staff, it was discovered supervisors conduct unannounced rounds. These rounds are documented and the auditor was provided samples of the "Log of Unannounced Rounds." Unannounced rounds are conducted on both day and night shift. Policy

requires staff are not to alert other staff that the rounds are being made. Interviews with staff indicate higher-level make rounds in a non-routine fashion and without making prior notification.

Standard 115.14 Youthful inmates

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

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

Standard Not Applicable:

Alabama DOC Policy 454 states youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of shared dayroom or other common space, shower area, or sleeping quarters. In areas outside the housing unit, if sight and sound separation cannot be maintained, direct staff supervision shall be provided.

During the pre-audit, the auditor was provided with documentation stating Holman Correctional Facility does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Alabama DOC Policy 454 states employees/staff members shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The institution shall not conduct cross-gender pat-down searches of female inmates, except in exigent circumstances.

Employees/staff members shall document on the shift log and ADOC Form 302-A, Incident Report, all cross-

gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of female inmates. The institution shall give justification on ADOC Form 302-A as to what exigent circumstances prompted the search.

The ADOC's policy is that each facility shall implement procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine cell and/or dorm checks. Such procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

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

The agency shall train security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive means possible, consistent with security needs.

In the past 12 months, there have not been any cross-gender strip or cross-gender visual body cavity searches of inmates, and supporting documentation provided reflecting non-occurrence.

There are no female inmates housed at Holman Correctional Facility; therefore, standards 115.15 (b)-1 through 115.15 (b)-4 are not applicable.

The auditor was advised that 100% of all staff received the following training in conducting Cross-Gender and Transgender Pat Searches. The auditor was provided with numerous staff signature logs, documenting this training.

During interviews with random staff, the majority indicated they had received training regarding PREA to include cross-gender searches. In addition, the auditor was provided with staff signature logs documenting their receipt and understanding of this information.

During interviews with random staff, staff indicated an announcement of "female on the floor" is given anytime a female staff member entered a housing unit, and the inmates would be afforded the opportunity to cover up. Staff also acknowledged inmates are able to shower, get dressed, and use the restroom without being viewed by female staff. During the facility tour, the auditor did not observe opposite gender staff assigned to positions where they could observe an inmate in a state of undress.

During interviews with random inmates, multiple inmates indicated the announcement of female staff in the housing unit almost always occurs (this was observed by the auditor during the audit tour). Inmates acknowledged female staff rarely see them in a state of undress, and is generally limited and incidental to a routine cell check.

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

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

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

Alabama DOC Policy 454 states all inmates shall:

- a. Be given verbal and written, understandable information explaining the ADOC's zero tolerance PREA policy including how to report sexual abuse and harassment upon their initial intake into an ADOC institution.
- b. Receive comprehensive educational orientation by an IPCM on the ADOC's zero tolerance PREA policy and how to report sexual abuse and harassment within 30 days of their arrival into an ADOC institution.
- c. Be provided, by the IPCM, accessible information formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service.
- d. Be given verbal, visual, and written information regarding PREA during orientation upon their transfer to any ADOC institution.

In pre-audit follow-up, the PREA manager advised in this audit cycle there have not been any incidents necessitating the use of inmate interpreters, readers, or other types of inmate assistants.

PREA information in Spanish is available and given to Spanish speaking inmates. This is included in the inmate training/orientation, and the inmate signs for receiving this information. Several informative posters are displayed in the housing units in Spanish in order to inform the inmates of PREA policies and reporting information. During the audit, the auditor was provided examples of the Facility's "What you should know about sexual abuse and sexual harassment" brochure" which is provided to all inmates during intake. The examples provided were in English and Spanish. Signature sheets "Inmate Awareness Acknowledgement" were also provided showing signatures of receipt/acknowledgement from the inmates (both languages).

The TV monitors in reception also play "PREA: What You Need to Know" (from the National PREA Resource Center) with closed captioning and is available in both English and Spanish. Holman Correctional Facility utilizes Google Translate Services (<https://translate.google.com>) for its translation services. This translation service was used during the site visit to conduct an interview with a Limited English Proficient inmate. This translation tool was user friendly, easy to operate, and satisfies requirements set forth in this standard

During the site visit, the auditor was shown Google Translate and verified it as being operational and sufficient as a translation device. In addition, during the pre-audit phase the auditor was presented with information identifying the Alabama Institute for Deaf and Blind (AIDB) as a resource for communicating

with inmates who are hearing or visually impaired.

Standard 115.17 Hiring and promotion decisions

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

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Alabama DOC Policy states departmental policy prohibits the hiring or promotion of an employee or contractor who may have contact with inmates who:

- 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- 2) Has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- 3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph V.A.4.a(2) above.

Before hiring a new employee or contractor, the ADOC Personnel Division or designee shall:

- 1) Conduct a criminal background records check;
- 2) Makes its best efforts to contact all prior institutional employers in regards to substantiated allegations of sexual abuse or any resignation during a period of sexual abuse investigation;
- 3) Ask potential employees and contractors about previous misconduct described in paragraph V.A.4.a(2) above; (refer to AR 216 Background Investigations and ADOC Form 216-B, PREA Compliance); and
- 4) Apprise potential employees and contractors that false information and material omissions regarding such misconduct shall be grounds for termination and that they have a continuing affirmative duty to disclose such conduct.

For all promotions and rehires, the I&I Director shall conduct a criminal background records check.

If the employee has engaged in any conduct described in paragraphs V.A.4.a(2) above, they shall be disqualified for promotion. Employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse and sexual harassment policies, as detailed in AR 208, Employee Standards of Conduct and Discipline.

The ADOC shall consider any incidents of sexual harassment in determining whether to hire or promote any employee or contractor.

The ADOC Personnel Director shall conduct a criminal background records checks every five (5) years on all current employees and contractors.

Previous Interview (Auditor Boehnemann):

- In the past 12 months, 100% of all employees and contractors who were hired who may have contact with inmates went through a criminal background records check.
- Interviews with the Human Resources staff indicate criminal background checks are conducted on all newly hired employees, contractors, and volunteers. I&I conducts all checks for the contractors and volunteers. I&I sends a monthly report to the Personnel Division in order to enter this information into the agency data base for recording the Criminal Background Checks. The information included in the entry is the name of the individual, date of the Criminal Background Check, and the purpose of the Criminal Background Check (new hire, promotion, contractor, volunteer, etc.). A log of these checks was presented to the auditor during the audit process for verification.

During the site visit, the auditor had concerns with the wording required in questions outlined in this standard not being met with the current application/forms utilized by ADOC. In discussions between the auditor, the Personnel Director and PREA Director the following additions/modifications were requested to be made. Specifically, to have these three following questions asked during the hiring process or any promotional process:

- 1) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution?
- 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- 3) Have you ever been civilly or administratively adjudicated to have engaged in the activity described above?

Prior to the completion of the final report, these questions were added to the new employee application as well as promotional application. The auditor was advised that any future applicant would be required to complete this revised application.

Standard 115.18 Upgrades to facilities and technologies

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

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

During an interview with the Warden, the auditor was advised the facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012. In addition, the Warden advised the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. However, the facility recently received approval to install a camera system. The auditor was advised the addition of cameras will supplement staff, not supplant them, and the investment in technology is based in part on information gleaned from post-incident reviews.

During the pre-audit, the auditor was advised the facility had acquired and installed new mirrors to enhance observation, and provided invoices as recently as May 2016, confirming the purchase.

The agency also reviews their staffing in order to ensure they have adequate staffing to protect inmates from sexual abuse.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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The Agency I&I Division is responsible for conducting Criminal Investigations and the Facility is responsible for conducting Administrative Investigations. There are 21 employees within the Agency whom have received specialized training for conducting sexual assault investigations in a confinement setting. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol based on the most recent edition of the 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.

Forensic Medical Examinations are offered at Lifeline Services and are conducted by SANEs. There have been no forensic medical exams conducted in the past 12 months. In the event of a forensic exam or sexual assault, a victim advocate would be provided through the Alabama Coalition Against Rape (ACAR).

Support and counseling for these services are made available to the inmates by posters/flyers in the housing units. The MOU established with ACAR provides a toll-free victim advocate service hotline to inmates who are able to call the victim advocate directly from their housing unit and speak with them in a confidential manner. During the facility tour, the auditor observed posters with a toll free number to ACAR in the housing units. The information is also available in “The Holman Agenda” a daily publication provided to the inmates.

All inmates have access to this information. During the pre-audit, the auditor was provided a documented agreement (MOU) between Alabama Department of Corrections (ADOC) and the following services: Alabama Coalition Against Rape (ACAR), STAR/Lighthouse Counseling Center- Lifeline Services (SAFE/SANEs and victim advocacy services).

A phone interview with the SAFE/SANE representative for the hospital was conducted and she advised any inmate brought to Lifeline Services, and in need of a forensic exam, irrespective of day or time would receive such exam; and, there is always a SAFE/SANE examiner available to conduct forensic examinations.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

ADOC AR454 page 22, Section H (Reporting and Investigating Sexual Abuse and Sexual Harassment): Section 2 states:

d. allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The I&I Division shall refer all substantiated criminal cases to the local District Attorney's Office and will be available, as requested, to work with those authorities to support criminal prosecution of those cases.

ADOC AR454 mandates the shift commander to ensure that the collection of evidence is only accomplished by trained and qualified staff in accordance with their AR 306 (Contraband and Evidence Management). The alleged victim is also to be taken to the medical unit for a medical evaluation and medical staff shall determine whether a sexual assault kit is needed. The sexual assault kit will be conducted at an authorized SANE or SAFE center. Alabama DOC Policy 300 outlines the investigators responsibilities.

The Alabama DOC website contains information on the referral of investigations to the agency's Criminal Investigation Division, I&I. This information can be located at (<http://www.doc.state.al.us/docs/AdminRegs/AR454.pdf>).

The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Administrative investigations are conducted by trained facility staff. During the site visit, the auditor reviewed approximately 7-10 investigations. Both trained facility staff and PSP were involved in conducting the investigations.

Previous Interview with Auditor Boehnemann (May, 2016) During interviews with investigators from I&I, the audit team was advised that ALL incidents of sexual abuse or PREA Incidents are conducted and/or reviewed by I&I. All of these cases are FIRST looked at by I&I for any criminal behavior. Once the investigator concludes the investigation, they submit a packet to the District Attorney (regardless of a finding by the investigator of unfounded, unsubstantiated, or substantiated) for his/her review. The D.A. looks for anything the investigator may have overlooked. The D.A. will then either file charges (if any), or concur with any other findings not criminal. If this is the case, the packet is returned to I&I and is assigned to be investigated Administratively.

The auditor found this process to be above and beyond any requirement outlined in the PREA Standards, thus the mark of “exceeds standards” indicated above.

Standard 115.31 Employee training

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

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

Alabama DOC Policy states employees receive training to include, but not be limited to, the prevention, detection, response, and reporting of allegations of sexual abuse, sexual harassment, and custodial sexual misconduct. Such training shall encompass all required areas employees need to be educated to ensure compliance with PREA standard requirements. Employee instruction shall be accomplished during initial training, annual in-service training, specialized training, and additional training, as needed. Employee training shall be documented to denote employee understanding of material and verified through employee signature and refresher training shall be accomplished at least every two years.

Training includes:

- 1) Agency’s zero-tolerance policy for sexual abuse and sexual harassment;
- 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- 3) The right of inmates to be free from sexual abuse and sexual harassment;
- 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- 5) The dynamics of sexual abuse and sexual harassment in confinement;
- 6) The common reactions of sexual abuse and sexual harassment victims;
- 7) How to detect and respond to signs of threatened and actual sexual abuse;
- 8) How to avoid inappropriate relationships with inmates;
- 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Training is tailored to the gender of the inmates at the facility.

Employees who are reassigned from facilities housing the opposite gender are given additional training.

The auditor was advised all staff, who may have contact with inmates, were trained or retrained on the PREA requirements enumerated above.

At the conclusion of the training, staff are required to sign a training log and also successfully complete a test

over the training topics. During the pre-audit, the auditor was provided with a sample of training logs and testing materials.

In addition, to the training material mentioned above, Alabama DOC provides staff with access to sexual assault awareness brochures in an effort to create a culture of awareness within the Alabama DOC.

During interviews with random staff, it was discovered staff are receiving the required training.

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, reporting, and response.

The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates.

All volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

During the pre-audit, the auditor was provided training manuals for volunteers and contractors. This information included information about the agency's zero tolerance policy, as well as reporting information for volunteers and contractors. The auditor was also provided with a copy of volunteer and contractor signature logs that are used to document understanding of the training.

During interviews with contractors, it was discovered all volunteers/contractors receive PREA training prior to employment as well as during their annual in-service training. Contractors indicated they were told what to look for to detect sexual abuse, how to respond to sexual abuse, and to whom to report allegations of sexual abuse. In addition, the agency's zero-tolerance policy is discussed during the training.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Alabama DOC Policy states all inmates shall:

- a. Be given verbal and written, understandable information explaining the ADOC’s zero tolerance PREA policy including how to report sexual abuse and harassment upon their initial intake into an ADOC institution.
- b. Receive a comprehensive educational orientation by an IPCM on the ADOC’s zero tolerance PREA policy and how to report sexual abuse and harassment within 30 days of their arrival into an ADOC institution.
- c. Be provided, by the IPCM, accessible education formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service; and
- d. Be given verbal, visual, and written information regarding PREA during orientation upon their transfer to any ADOC institution.

Inmate PREA educational information shall include:

- a. Prevention of sexual abuse and harassment;
- b. Self-protection;
- c. Methods of reporting; and
- d. Treatment and counseling availability.

Upon completion of an inmate’s PREA orientation, the inmate shall sign ADOC Form 454-A, Inmate Awareness Acknowledgement.

- a. If the inmate refuses to sign, the witness shall indicate by writing “Refused to Sign” and affix his/her signature.
- b. The completed ADOC Form 454-A shall be scanned into the inmate’s records.
- c. The original ADOC Form 454-A shall be forwarded to the IPCM for entry into the PREA module.

During the pre-audit, the auditor was provided with a copy of PREA handouts for inmates. During the tour, a Spanish copy was provided. These handouts contained instructions on how inmates can report sexual abuse. At the conclusion of receiving this information, the inmates are required to sign an Inmate Awareness Acknowledgement form, documenting the training they received. During the pre-audit, the auditor was provided with a sample of these forms.

During the pre-audit, the auditor was advised that all inmates received initial PREA education upon intake; and received comprehensive education within 30 days of intake.

During the onsite audit, the auditor viewed PREA educational posters posted in all housing units and throughout the facility and the information is provided in the daily publication, “The Holman Agenda.”

During an interview with intake staff, it was discovered inmates receive a PREA video that goes over the agency’s zero tolerance policy and how to report sexual abuse and sexual harassment. Inmates also receive

reading material in both English and Spanish. These inmate education sessions are conducted within 72 hours of intake.

During interviews with a random sample of inmates, it was confirmed that inmates watch a PREA video, receive brochures on PREA, and discuss PREA with staff within a few days of intake. Information regarding sexual abuse is also included in the Inmate Handbook, a copy of which was provided to the auditor during the pre-audit.

Standard 115.34 Specialized training: Investigations

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

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

Alabama DOC Policy states that Investigators and other ADOC employees with PREA related responsibilities shall receive additional training related to their roles to include, but not limited to interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, conducting sexual abuse investigations and the collection of evidence in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training shall be verified and documented through employee signature and forwarded to the Training Director for retention.

Investigators receive three hours of training from the National Institute of Corrections (NIC). The auditor was provided with a copy of NIC’s training curriculum, which included the topics mentioned above. The auditor was provided with certificates of completion from six different investigators, documenting they have completed the three hour NIC investigator’s course.

During the pre-audit the auditor was advised the agency has 22 trained investigators. The auditor was provided with a sample of certificates from investigators who completed the NIC training.

Previous Interview with Auditor Boehnemann (May, 2016) During interviews with investigative staff, the auditor discovered investigators receive training in 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 administrative or prosecution referral.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Alabama DOC Policy states medical and mental health employees, shall receive additional training to include, but not be limited to:

- a. How to detect and assess signs of sexual abuse and harassment;
- b. How to preserve physical evidence of sexual abuse;
- c. How to respond effectively and professionally to victims of sexual abuse and harassment;
- d. How and to whom to report allegations or suspicions of sexual abuse and harassment;
- e. Recognizing the special medical and mental health needs of all inmates;
- f. Factors to consider in an inmate's risk of sexual victimization;
- g. Training shall be documented to denote employee understanding of material and verified through employee signature.

During the pre-audit, the auditor was advised that 100% of medical and/or mental health staff that work regularly in the facility have received the required training. The auditor was provided with a sample of signature logs documenting medical and mental health PREA training.

During interviews with medical and mental health staff, it was discovered that medical and mental health staff receive training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor was advised that a forensic exam would be conducted by SANEs with Lighthouse-Lifeline Services.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Alabama DOC Policy 454 states all inmates, at initial intake, shall be screened within 72 hours utilizing the ADOC Form 454-C, PREA Risk Factors Checklist, for potential risk of sexual vulnerability and potential risk of sexual aggression.

Upon transfer to another facility, all inmates shall be screened within 72 hours utilizing ADOC Form 454-C, PREA Risk Factors Checklist, for potential risk of sexual vulnerability and potential risk of sexual aggression.

A Classification Specialist shall complete the ADOC Form 454-C, PREA Risk Factors Checklist:

- a. This will include an interview with the inmate and review of prior known information in order to determine the inmate's potential risk of sexual vulnerability and/or sexually aggressive behavior.
- b. If the Checklist, interview, or prior known information reflects that the inmate is at high risk to be victimized or screens as sexually aggressive, the Specialist will recommend further review by a Mental Health Professional prior to assigning permanent housing.
- c. At those institutions without a Classification Specialist permanently assigned, the IPCM will be charged with completing ADOC Form 454-C, PREA Risk Factors Checklist.

The Mental Health Professional shall meet with the inmate and review their screening information. If the screening indicates that the inmate has prior sexual victimization or sexual aggression in their history, the Mental Health Professional shall offer a follow-up meeting with Mental Health within 14 days of the intake screening. (A review of documentation indicates referrals are occurring as per policy).

All inmates shall be reassessed for risk of sexual victimization and abusiveness within 30 days of intake. In addition, upon receipt of additional information that bears on an inmate's risk of sexual victimization or abusiveness, and additional screening will be conducted.

During the time of any of these assessments, the ADOC shall take no formal or informal disciplinary action should an inmate refuse to participate or answer any screening questions.

There will be appropriate controls on the dissemination of screening information so as to ensure each inmate's sensitive information is not exploited.

A review of the ADOC risk factor screening instrument indicates all required questions are being asked during the assessment. The question is an objective screening instrument that consists of "yes" or "no" questions. At the bottom of the form, the screener adds up the number of affirmative responses and uses the scale to determine the inmate's risk level.

Alabama DOC Policy 454 states all inmates shall be reassessed for risk of sexual victimization and abusiveness within 30 days of intake. In addition, upon receipt of additional information that bears on an inmate's risk of sexual victimization or abusiveness, an additional screening will be conducted.

During the time of any of these assessments, the ADOC shall take no formal or informal disciplinary action should an inmate refuse to participate or answer any screening questions.

During interviews it was learned Holman Correctional facility receives approximately 10 inmates per month and are given priority in the screening and re-assessment process. Conversely, Classification staff have been working to assess/reassess every inmate in the facility. Documentation provided during the pre-audit and facility tour confirmed beginning in January, 2016 screenings and reassessments are occurring and are tracked on a spreadsheet in the Classification office. A review of the screening log reflects the majority (75%-80%) of inmates have been screened/reassessed and all inmates received since January have been screened and reassessed. However, it was noted during the tour that ADOC recently developed a new screening instrument and all inmates will have to be re-screened. Interviews with intake and classification personnel indicate with the screening staff, it was determined inmates are screened within 72 hours after arriving to the facility for risk of victimization or sexual abusiveness toward other inmates. The instrument used for screening indicates staff consider the inmate's age, physical build, physical or mental development are considered.

The auditor confirmed all transfers to facility w/in the past year (68) were screened within 72 hours and the vast majority of re-screenings occurred within 30 days.

Per ADOC policy, Inmates are not disciplined for refusing to answer any questions related to the screening instrument. Only staff with a “need to know” have access to information related to risk screenings. An example of these staff would include: classification, the Warden, and the IPCM.

Standard 115.42 Use of screening information

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

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

Alabama DOC Policy 454 states all information obtained during the screening process and PREA Mental Health Assessment shall be used to assist in the initial classification and institutional assignment of the inmate as well as determine work, education, and programs, in accordance with ADOC Classification Manual, AR 433, Administrative Segregation and Housing for Close or Maximum Custody, and AR 435, Protective Custody, with the goal of keeping separate those inmates at high-risk of being sexually victimized from those at high-risk of being sexually abusive.

The agency/facility makes individualized determinations about how to ensure the safety of each inmate.

In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing or program assignments, ADOC shall consider on a case-by-case basis whether the placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.

During interviews with LGBTI inmates LGBTI inmates stated they are not segregated and are housed with general population. No transgender/intersex inmates are currently housed at the facility.

During interviews with staff, it was discovered inmates who screen to be a Victim/Potential Victim may be housed in the same housing unit (dormitory) as those inmates who score to be a Predator/Potential Predator. The auditor was advised the facility would house those inmates who screen to be a Victim/Potential Victim near the front of the housing unit (dormitory) so they can be better monitored. The auditor was advised the majority of the inmates screened, screen to be a potential victim or a potential predator.

On the date of the audit, the ADOC was already aware of this concern as it had been addressed in other ADOC facilities. During the onsite tour, the auditor was advised ADOC had developed a new screening instrument and implementation was forthcoming. However, at the time of the audit the instrument had not been formally adopted as personnel were developing an implementation strategy.

However, prior to the submission of the final report, the facility was able to re-screen (using an objective

instrument), those thirty-five (35) inmates who previously screened positive as Predator/Potential Predator. Using the revised instrument the number of inmates identified as Predator/Potential Predator was reduced to nine (9). In order to meet this standard, the auditor required the facility to designate certain housing areas for Victims/Potential Victims and/or designated housing areas for Predators/Potential Predators. To that end, Holman Correctional Facility identified Housing Unit "C" as designated housing for Predators/Potential Predators. In addition, supporting documentation provided reflects appropriate rehousing has occurred. Moreover, the auditor requested and received a list of housing assignments of all Victims/Potential Victims and Predators/Potential Predators ensuring all Victims/Potential Victims are housed separately (separate housing units) from Predators/Potential Predators.

Standard 115.43 Protective custody

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

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

Alabama DOC Policy 454 states inmates at high risk of sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no alternatives available.

In cases where involuntary segregated housing is the only means to protect such an inmate, the inmate shall have access to all programs, privileges, education and work opportunities, to the extent possible, and it shall only be until an alternative means of separation from likely abusers can be arranged, a time not ordinarily to exceed thirty (30) days. In these cases, the facility shall clearly document:

- a. The basis for the facility's concern for the inmate's safety; and
- b. The reason why no alternative means of separation can be arranged.

Every 30 days, the facility shall afford each inmate a review to determine whether there is a continuing need for separation from the general population.

During the pre-audit, the auditor was advised the facility does not have a protective custody unit. Inmates needing to be segregated would be transferred to another facility.

During the pre-audit and audit tour, the auditor was advised there have not been any inmates who were at risk of sexual victimization held in involuntary segregated housing.

During interviews with the Warden, it was discovered the agency has a policy that prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas. Instead, inmates are placed in those beds closest to the officer's work station (front of cell).

Auditor Note: During interviews a number of staff erroneously believed placing inmates in restricted housing was a possibility. However, follow-up questions revealed this practice is not occurring. During the closeout, it was suggested this topic be covered in roll-call to ensure everyone is aware of current policy prohibiting this practice.

Standard 115.51 Inmate reporting

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

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

Alabama DOC Policy 454 states inmates may report sexual abuse or sexual harassment verbally, in writing, and through a third party or anonymously. They may file a grievance, call the PREA hotline, deposit a complaint in the PREA drop box (a secured receptacle, located at each facility), tell the IPCM, contact I&I via use of a pre-addressed I&I envelope, or they may tell any staff member, contractor or volunteer and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.

Staff may privately report by marking their incident report as “confidential.”

During the audit, the auditor was provided with PREA reporting information that is located in the facilities daily publication, The Holman Agenda.” Handbook. In addition, the auditor was provided with a copy of PREA reporting posters and brochures that are in both English and Spanish.

During interviews with a random sample of staff, it was discovered that staff can privately report sexual abuse and sexual harassment by using the PREA Box or by reporting using the agency website. Staff indicated inmates can privately report by using the PREA hotline, the PREA Box, or by privately reporting to any staff member. Staff acknowledged inmates may make reports verbally, in writing, anonymously, and from third parties. Staff indicated they would document any verbal report they received, immediately.

During interviews with a random sample of inmates, it was discovered inmates were aware they could report to any staff member, through the hotline, or through a third-party. Inmates acknowledged they could make a report without giving their name.

During an interview with the PREA Compliance Manager, it was discovered that inmates may privately report using the PREA hotline with ADECA which is external to the Department of Corrections. Inmates can leave a message on the hotline and the information will be forwarded to the Warden and IPCM. In addition, this information will be forwarded to I&I, and they will conduct the investigation.

Standard 115.52 Exhaustion of administrative remedies

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

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

Not Applicable

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

Standard 115.53 Inmate access to outside confidential support services

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

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

During interviews with a random sample of inmates, the majority of inmates were familiar with their ability to access victim advocate services. All inmate phone calls include a preamble informing inmates of how to report sexual abuse and an option to request victim services. During the audit, the auditor placed a call from an inmate phone and a received a return call in less than 12 hours. In addition, the information is included in the Holman Agenda, a daily newsletter disseminated to the inmate population.

During the pre-audit, the auditor was provided with an MOU between the agency and Lighthouse Counseling Centers/STAR. This MOU states Lighthouse Counseling Centers/STAR- Lifeline Services agrees to provide inmates who allege sexual abuse with forensic examinations.

Previous Interview with Auditor Boehnemann (May, 2016) The Program Coordinator for Lighthouse advised that Lighthouse would provide inmates with access to victim advocates while they are going through the forensic exam. The auditor was advised by the PREA Compliance Manager that a victim advocate from the House of Ruth, Inc. would be notified and would provide follow-up victim advocate services to inmates, upon return to the facility.

During the pre-audit, the auditor was provided with an MOU between the agency and Alabama Coalition Against Rape (ACAR). The MOU outlines ACAR's responsibility to provide confidential emotional support

services to victims of sexual abuse. During the onsite tour the auditor observed posters (in both English and Spanish) in all housing units. The posters state inmates may make a confidential call to a victim advocate from ACAR by calling the toll free number provided in the poster. This information is posted near the inmate phones inside the housing unit and is readily available to all inmates and can be accessed anytime phones are in operation.

During the tour, it was noted the inmates in Administrative Separation have limited access to telephones. In order to meet this standard, the warden and PREA manager agreed to add extra PREA boxes in the Admin. Separation area and include a mailing address in “The Holman Agenda” to ensure inmates in separation have access to outside counseling services. On August 29, 2016 the auditor was provided documentation reflecting satisfactory completion of both action items.

Standard 115.54 Third-party reporting

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

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

Alabama DOC Policy 454 states inmates may report sexual abuse or sexual harassment verbally, in writing, through a third party or anonymously. They may file a grievance, call the PREA hotline, deposit a complaint in the PREA drop box (a secured receptacle, located at each facility), tell the IPCM, contact I&I via use of a pre-addressed I&I envelope, or they may tell any staff, contractor or volunteer and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.

During inmate interviews it was determined inmates are aware of third-party reporting opportunities. All inmate phone calls include a preamble informing inmates of how to report sexual abuse and an option to request victim services.

Standard 115.61 Staff and agency reporting duties

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

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

Alabama DOC Policy 454 states ADOC employees/staff who receive any information, including verbal,

written, third-party reports and anonymous complaints, concerning inmate sexual abuse, sexual harassment, and custodial sexual misconduct; retaliation against inmates or staff who report such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or violation, shall immediately report the incident through their chain of command.

Any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported to the IPCM, PREA Director, and the I&I investigator immediately, in accordance with AR 302, Incident Reporting.

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

During interviews with a random sample of staff, it was discovered staff were aware that all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the 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 interviews with a random sample of medical and mental health staff, it was discovered medical and mental health staff disclose the limitations of confidentiality and their duty to report at the initiation of services to the inmate. Medical and mental health staff acknowledged they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

During interviews with the Warden, it was discovered all (internal and external) allegations of sexual abuse and sexual harassment are reported directly to I&I.

Standard 115.62 Agency protection duties

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

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

Alabama DOC Policy AR 454 states the IPCM shall be responsible for recommending placement and/or transfer of inmates involved in all PREA related incidents with the approval of the Warden/designee and taking immediate action when an inmate is subject to a substantial risk of imminent abuse.

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

During interviews with a random sample of staff as well as administrative staff, it was determined staff take immediate action to separate the alleged victim and abuser whenever it is determined an inmate may be at

risk of imminent sexual abuse. A supervisor is called immediately to ensure proper retention and evidence preservation. The investigation would begin immediately, and measures would be taken to prevent contact between the alleged victim and abuser. Classification assignments would determine future housing, and the prison would take all appropriate measures to ensure the safety and protection of any inmate involved.

Interviews with staff indicate inmates requiring housing in protective custody would require the transfer of the inmate, as Holman does not house protective custody inmates.

Standard 115.63 Reporting to other confinement facilities

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

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

ADOC AR454 page 19, Section H.I.d.—the Warden, upon receiving an allegation that an inmate was sexually abused while confined in another facility, shall notify the head of the other facility of the alleged abuse as soon as possible, but no later than 72 hours from receiving the allegation.

An inmate may file a report of sexual abuse, sexual harassment or retaliation sustained while confined at another facility. It is the responsibility of the Warden or the Warden's designee to notify the head of the facility in which the reported abuse, harassment, or retaliation occurred. Notification must be provided as soon as possible, but no later than within 72 hours after receipt of information.

Upon receipt of an allegation from another facility that an inmate was sexually abused, harassed or retaliated against while confined at that location, the Warden or Warden's Designee shall document the receipt of the allegation and initiate a preliminary investigation. If deemed necessary, I&I will be contacted to take over the investigation if it is criminal in nature.

During the past 12 months, there has been one allegation the facility received that an inmate was abused while confined at another facility.

During the past 12 months, the facility has not received any allegations of sexual abuse from other facilities.

During the pre-audit phase, the auditor was provided ADOC form 454-F "Reporting to Other Confinement Facilities" which was filled out and provided for audit purposes.

This form is filled out for all occurrences of reports made to other facilities. The form includes the name of the facility receiving the allegation, the name of the facility in which the alleged incident occurred, date/time the allegation was received by Holman, the date/time the allegation was forwarded to the other facility, who reported the allegation, who received the allegation, and whether or not an investigative agency was notified.

Through staff interviews, it was determined when Holman Correctional Facility receives an allegation from another

facility or agency that an incident of sexual abuse or sexual harassment occurred within their facility, the allegation would immediately be assigned to an investigator and would be investigated. Any allegations they receive for sexual abuse that occurred at other facilities would be referred to the head of that outside facility. An interview with the Warden confirmed allegations received from other facilities are investigated in accordance with ADOC policy and in the same manner/methodology as if the event had occurred at Holman.

Standard 115.64 Staff first responder duties

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

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

Alabama DOC Policy 454 states upon learning of an allegation of a PREA related incident, the first responder shall:

- a. Ensure that the victim(s), aggressor(s), and witnesses are physically separated;
- b. Protect and preserve the crime scene until appropriate steps can be taken to collect evidence;
- c. Request the victim not bathe, wash, brush his teeth, eat, drink, smoke, urinate, or defecate;
- d. Ensure that the alleged aggressor not bathe, wash, brush his teeth, eat, drink, smoke, urinate, or defecate; and
- e. If the first responder staff is not security staff, the responder should request that the alleged victim not take any actions that would destroy evidence, and notify a security staff.

In the past 12 months, there were two instances where a non-security staff member was the first responder. The non-security staff member requested that the alleged victim not take any actions that could destroy physical evidence. The non-security staff member also notified security staff.

During the pre-audit, the auditor was advised that all staff have received a first responder checklist card that outlines their first responder duties in an event of sexual abuse.

During interviews with random staff and random inmate interviews, it was discovered staff would react immediately to any report of sexual abuse and separate the alleged victim from the alleged abuser and take appropriate action so that neither the alleged victim or the alleged abuser destroy any physical evidence. The majority of staff each had a "first responder checklist" card, all advised they carry it and would refer to it as the situation dictates.

Standard 115.65 Coordinated response

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

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

ADOC AR 454 ADOC AR454 (G: Responding to Sexual Abuse and Harassment) First Responder Staff. Upon learning of an allegation of a PREA related incident, the first responder staff shall:

- a) Ensure that the victim(s), aggressor(s), and witnesses are physically separated;
- b) Protect and preserve the crime scene until appropriate steps can be taken to collect evidence;
- c) Request that the victim not bathe, wash, brush his teeth, eat, drink, smoke, urinate or defecate;
- d) Ensure that the alleged aggressor not bathe, wash, brush his teeth, eat, drink, smoke, urinate or defecate; and
- e) If the first responder staff is not security staff, the responder should request that the alleged victim not take any actions that would destroy evidence and notify a security staff.
- f) Do not show the alleged victim(s), aggressor(s), or witnesses any evidence, such as, but not limited to, pictures or video footage of the incident, and do not interview any of these parties on the specifics of the incident.
- g) As soon as possible first responders shall notify the Shift Commander of the incident and draft an ADOC Form 302-A (Incident Report)

As part of the pre-audit process, the auditor was provided Holman Correctional Facility SOP 009-026 “Coordinated Response to Sexual Abuse”, Section V “Procedures” outlines the coordinated response among staff first responders, medical and mental health practitioners, investigators and facility leadership in the event of an incident of sexual abuse at Holman Correctional Facility.

The auditor was also presented with a tool titled “Investigations Mapping”. This tool can be used as a guide for step by step process during the coordinated response to guide the investigation and can be adapted to different scenarios. The auditor was able to view this document during file reviews of prior incidents during the site visit.

During an interview with the Warden, the auditor was advised the facility follows the agency coordinated response plan which outlines actions of first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

Alabama DOC Policy 454 contains the facilities coordinated response plan and outlines specific duties for first responders, medical and mental health practitioners, investigators, and facility leadership.

During an interview with the Warden, the auditor was advised the facility follows the agency coordinated response plan which outlines actions of first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

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

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

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

Not Applicable

The facility does not operate under any collective bargaining agreements.

Standard 115.67 Agency protection against retaliation

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

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

Alabama DOC Policy 454 states the Warden and IPCM shall ensure inmates and staff who report sexual abuse, sexual harassment, or cooperate with a sexual abuse investigation are protected from retaliation by other inmates or staff.

- a. The IPCM will be chiefly responsible for this by monitoring the conduct and treatment of the inmate(s) or staff for at least 90 days after an incident is reported. That time will be extended in 30 day increments if there is a continuing need.
- b. The monitoring of inmates shall consider any disciplinary reports, housing or program changes and shall include periodic status checks.
- c. The monitoring of staff shall include negative performance reviews or reassignments.
- d. All appropriate measures shall be taken to protect any individual who cooperates with an investigation and expresses a fear of retaliation.
- e. The facility’s obligation to monitor may terminate if the facility determines the allegation is unfounded. ADOC Form 454-D, Sexual Abuse/Harassment Retaliation Monitoring, shall be used for monitoring of staff and inmates.

As part of the audit process, the auditor reviewed a sample of form 454-D. As part of the process to monitor/prevent retaliation the IPCM considers disciplinary reports, housing assignment, program assignments, staff reassignment, and performance evaluations.

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

During an interview with the Warden, it was discovered ADOC employs a disciplinary matrix and if an inmate engages in retaliatory behavior, and the facility will take whatever action is necessary and appropriate in order to prevent retaliation. If the facility discovers a staff member was retaliating against another inmate or staff, the staff member would receive disciplinary action up to termination. Inmates would face disciplinary action and criminal prosecution when appropriate.

Standard 115.68 Post-allegation protective custody

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

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

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

In cases where segregated housing is the only means to protect such an inmate, the inmate shall have access to all programs, privileges, education and work opportunities, to the extent possible, and it shall only be until an alternative means of separation from likely abusers can be arranged, a time not ordinarily to exceed thirty (30) days. In these cases, the facility shall clearly document:

- The basis for the facility's concern for the inmate's safety; and
- The reason why no alternative means of separation can be arranged.

Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

During the past 12 months, there has been no instance where an inmate was placed in involuntary segregated housing for less than 24 hours while awaiting completion of an assessment. Holman Correctional Facility does not have a designated/segregated Protective Custody housing unit/cellblock.

Any inmates needing protective housing are transferred to another facility as soon as is possible.

During an interview with the Warden, the auditor was advised Holman prohibits placing inmates who allege

sexual abuse in single cell housing in lieu of other housing areas. The auditor was advised that within the past 12 months, there has been no occurrence of inmates placed in segregated housing to protect the inmate from sexual abuse.

Standard 115.71 Criminal and administrative agency investigations

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

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

Alabama DOC Policy 454 states allegations of sexual abuse and sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The I&I Division shall refer all substantiated criminal cases to the local District Attorney’s office and will be available, as requested, to work with those authorities to support criminal prosecution of those cases.

The IPCM shall be notified of all alleged incidents involving sexual abuse against an inmate, by an inmate or staff, and of any sexual harassment by a staff toward an inmate. The I&I investigator shall be notified of such incidents in accordance with AR 302, Incident Reporting.

I&I is responsible for conducting prompt, thorough, and objective investigations, whether administrative or criminal, in all such cases.

Criminal and administrative investigation records shall be retained for as long as the abuser is incarcerated or employed by the agency, plus five years.

Through interviews with inmates who allege to have suffered from sexual abuse, it was determined investigative staff do not require victims to take a polygraph examination as a condition for proceeding with the investigation.

Based on Previous Interview (May, 2016) conducted by PREA Auditor William Boehnemann:

During interviews with investigative staff, it was discovered investigators who investigate sexual abuse in confinement settings are provided training in 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 administrative or prosecution referral. The auditor was advised the investigation process typically begins within 24 hours of receiving the allegation, and the investigation process includes: interviewing the alleged victim, alleged abuser, and witnesses, as well as collecting any physical evidence. Inmates are never required to submit to a polygraph exam as a condition of proceeding with the investigation. The investigation would always continue regardless of whether the inmate involved is transferred or released from custody and would also continue even if a staff member accused terminates employment. Both administrative and criminal investigations are documented in detailed written reports and

include all information discovered during the investigation. Administrative investigations consist of a review to determine whether a staff's actions or failures to act, including a staff member violating policies, contributed to the abuse. If this is discovered, this information would be forwarded to the Warden, and he/she would take appropriate disciplinary action. The auditor was advised by the Warden, PREA Director, and PREA Compliance Manager that all sexual abuse investigations are conducted by I&I.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Alabama DOC Policy 454 states the standard of proof in all investigations of sexual abuse and harassment is a preponderance of the evidence.

Based on Previous Interview (May, 2016) conducted by PREA Auditor William Boehnemann: During interviews with investigative staff, the auditor was advised investigators require a preponderance of the evidence in order to substantiate an allegation of sexual abuse.

Standard 115.73 Reporting to inmates

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

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

ADOC AR 454 (page 6) Section IV Responsibilities. C-6: The I&I Director shall be responsible for informing the inmate of the following information when an inmate alleges that the employee/staff member committed sexual abuse against the inmate: 1) the employee/staff is no longer with the ADOC; 2) the employee/staff is no longer employed at the institution; 3) the employee/staff has been indicted on a charge related to the sexual abuse; or 4) the employee/staff has been convicted on a charge related to the sexual abuse. This notification shall be documented.

In the past 12 months, have been thirteen notifications provided to inmates. During the tour, the auditor was provided with these investigations as well as the notifications associated with them.

During an interview with the Warden and IPCM and documentation provided, I&I provide inmates who allege sexual abuse with the findings of the investigation once the investigation is concluded. The inmate is required to sign a form stating they have received the findings of the investigation.

Standard 115.76 Disciplinary sanctions for staff

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

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

ADOC AR 454 states It shall be unlawful for any employee to engage in sexual conduct with a person who is in the custody of the DOC. Any person violating subsection (a) or (b) shall, upon conviction, be guilty of custodial sexual misconduct, which is a Class C Felony. When an allegation is made involving a staff member, contract service provider or volunteer this person will be removed from contact with the alleged victim until the conclusion of the investigation.

In the event that a staff member is terminated, or resigns in lieu of discharge, for violation of this procedures manual, the I&I Division will determine if a potential criminal violation exists. If the violation meets criminal standards, I&I will seek prosecution.

During the past 12 months, there has been no staff member from the facility who has violated agency sexual abuse or sexual harassment policies.

Information provided during the pre-audit, reflects, “Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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.” During the pre-audit, the auditor was provided with a disciplinary matrix indicating sexual misconduct results in termination.

During the past 12 months, there has been no staff member from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

Information provided during the pre-audit, reflects “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 any relevant licensing bodies.

During the past 12 months, there has been no staff member from the facility that has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Alabama Department of Corrections Policy AR 454 states: It shall be unlawful for any employee to engage in sexual conduct with a person who is in the custody of the DOC. Any person violating subsection (a) or (b) shall, upon conviction, be guilty of custodial sexual misconduct, which is a Class C Felony. When an allegation is made involving a staff member, contract service provider or volunteer this person will be removed from contact with the alleged victim until the conclusion of the investigation.

In the past 12 months, there have not been any contractors or volunteers that were reported to law enforcement and relevant licensing bodies for engaging in sexual abuse of inmates.

The facility acknowledged they would take appropriate remedial measures and consider whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

During an interview with the Warden, the auditor was advised that any contractor or volunteer who violated the agency's sexual abuse policy would be banned from all ADOC facilities and contact with inmates. The auditor was advised there have not been any examples of contractors or volunteers violating the agency's sexual abuse policy within the past 12 months.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Alabama DOC Poly 454 states disciplinary action may be taken when an investigation by the IPCM and/or I&I Investigator determines that an inmate made a false report of sexual abuse or sexual harassment.

Inmates shall be subject to disciplinary sanctions pursuant to the formal disciplinary process, following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal

finding of guilt for inmate-on-inmate sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The facility may discipline an inmate for sexual contact with staff only if it is substantiated that the staff member did not consent to such contact. A reporting inmate may only be subjected to discipline if the report is determined to be unfounded with proven malicious intent at the conclusion of a full investigation. The facility prohibits all sexual activity between inmates and may discipline inmates for such activity. The facility will not deem such activity to constitute sexual abuse if the facility, through the investigative process, determines that the activity is not coerced or forced.

During the past 12 months, there has been no administrative finding of inmate-on-inmate sexual abuse and no criminal findings of guilt for inmate-on-inmate sexual abuse that has occurred at the facility.

Through interviews with the Warden, it was discovered that inmates found to have engaged in sexual abuse or sexual harassment may face disciplinary action in-house and/or criminal charges depending upon the circumstances. A copy of the inmate handbook was provided to the auditor wherein the sanctions for violation of facility rules are explained.

Through interviews with staff, it was determined inmates who have violated the agency's sexual abuse and sexual harassment procedures would go through a disciplinary hearing. If the allegations were criminal in nature, the I&I Division would refer the case to the local District Attorney's Office in order to pursue criminal charges.

During an interview with a member of the mental health staff, it was discovered that known abusers would undergo an initial session with a member of the mental health staff for appropriate action.

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

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

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

Alabama DOC Policy 454 states the Mental Health Professional shall meet with the inmate and review their screening information. If the screening indicates that the inmate has prior sexual victimization or sexual aggression in their history, the Mental Health Professional shall offer a follow-up meeting with Mental Health within 14 days of the intake screening.

During the pre-audit, the auditor was advised that all inmates who have disclosed prior victimization and/or abusiveness during screening, were offered a follow-up meeting with a medical or mental health practitioner.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly

limited to medical and mental health practitioners, as well as those staff involved in making security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

During interviews with staff responsible for risk screening, as well as inmates who have disclosed victimization at risk screening, it was determined that if an inmate discloses prior sexual abuse or previously perpetrates sexual abuse, these inmates are offered a follow up evaluation with mental health staff within 14 days of intake.

During interviews with medical and mental health staff, it was discovered staff obtain informed consent before reporting about prior sexual victimization that did not occur in an institutional setting.

During the audit, the auditor interviewed who reported sexual abuse and reviewed their medical records and confirmed the 14-day assessments occurred.

Standard 115.82 Access to emergency medical and mental health services

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

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

Alabama DOC Policy 484 states:

- Victims of sexual abuse at the facility shall be referred immediately to Medical. Victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The IPCM shall also refer an inmate victim immediately to an ADOC mental health professional for further treatment and counseling. A referral shall be made utilizing ADOC Form MH-008, Referral to Mental Health.
- If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.
- Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident.

During interviews with medical and mental health staff, it was determined inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. These services are provided immediately upon receipt of the allegation. The nature and scope of the treatment provided is determined according to the professional judgement of the medical and mental health staff. Staff acknowledged victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

During interviews with inmates who alleged sexual abuse, it was determined inmates are seen by medical and mental health staff upon reporting sexual abuse, as appropriate.

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

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

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

Medical and mental health evaluations and treatment shall be offered to all inmates who have been victimized by sexual abuse.

The evaluation and treatment of such victims, shall 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 upon their release from custody.

Ongoing treatment services shall be 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.

An attempt shall be made to conduct a mental health evaluation of known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment.

During interviews with medical and mental health staff, it was discovered medical staff would provide initial stabilization treatment. If the sexual abuse occurred within 72 hours, the victim would be transported to South Alabama Children and Women’s Hospital (Lifeline Services) for a forensic examination. Upon return to the facility, the facility medical staff would provide follow up treatment as appropriate.

During interviews with inmates who reported sexual abuse, it was discovered inmates who report sexual abuse are offered follow up services with medical and mental health staff. The auditor was advised and provided with documentation that these services were provided at no financial cost to the inmate.

Standard 115.86 Sexual abuse incident reviews

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

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

Alabama DOC Policy 454 states within thirty (30) days of the conclusion of the I&I investigation, the Warden/Director shall convene a sexual abuse incident review team to review all substantiated and unsubstantiated PREA allegations.

- 1) This team shall be composed of the Warden/designee, medical or mental health representative, investigator, supervisor present at the time of the allegation, and IPCM.
- 2) The IPCM shall take detailed meeting minutes to include the agenda, participants, date, name, and number of the investigation, type of investigation and findings, and all meeting content, utilizing ADOC Form 454-E, Sexual Abuse Incident Review.
- 3) The team shall:
 - (a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - (b) Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; LGBTI identification, status, or perceived status, or gang affiliation; or was motivated or otherwise caused by other group dynamics;
 - (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - (d) Assess the adequacy of staffing levels in that area during different shifts;
 - (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - (f) Prepare a report of its findings including, but not necessarily limited to, determinations made pursuant to the preceding paragraphs and any recommendations for improvement. Such report shall be submitted to the Warden, IPCM, and PREA Director in a timely manner.
- 4) The Warden/designee shall implement the recommendations for improvement, or shall document the reasons for not doing so.
- 5) The Warden/Director, upon completion of the recommended improvement or upon providing the reason the improvement was not completed, shall submit ADOC Form 454-E, Sexual Abuse Incident Review, to the IPCM and PREA Director in a timely manner.

In the past 12 months, there were 18 criminal and/or administrative investigations of alleged sexual abuse

completed at the facility, excluding only “unfounded” incidents. An onsite review of documentation reflects the components of this standard were considered, and the reviews generally conducted within 30 days.

Standard 115.87 Data collection

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

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

ADOC AR 454 Data Collection

- a) For the purpose of data collection tracking, the ADOC Form 302-A, alleging sexual abuse or sexual harassment, shall be forwarded to the I&I Division within seventy-two (72) hours of notification of a PREA related incident.
- b) The PREA Director shall compile the records and data from the previous calendar year necessary to fill out the requested data in the DOJ’s Survey of Sexual Violence (SSV) should it be requested..
- c) The PREA Director shall review data collected to assess and improve the effectiveness of appropriate ADOC policies and procedures. The PREA Director shall prepare a report on each institution for the Commissioner identifying problem areas, suggesting corrective action, and providing comparison from the previous year’s data and reports.
- d) The above referenced data shall be retained securely for ten (10) years.
- e) Criminal and administrative investigation records shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

Alabama DOC Policy 454 states for the purpose of data collection tracking, the ADOC Form 302-A, alleging sexual abuse or sexual harassment, shall be forwarded to the I&I Division within seventy-two (72) hours of notification of a PREA related incident.

The PREA Director shall compile the records and data from the previous calendar year necessary to fill out the requested data in the Department of Justice’s Survey of Sexual Violence (SSV) should it be requested.

The above referenced data shall be retained securely for ten (10) years.

During the pre-audit, the auditor was provided with data collected from all Alabama DOC prisons in 2013 and 2014. The data was collected and inputted directly onto the standardized SSV form. Definitions of the different types of sexual misconduct were listed on the SSV form.

Standard 115.88 Data review for corrective action

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

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

Holman Correctional Facility aggregates data annually and provides this information to the Alabama Department of Corrections and the Department of Justice in order to be disseminated to the public through their reporting services. The report shall document the year’s data and corrective action, with those of prior years’ focusing on progress in addressing sexual abuse. Information may be redacted if it presents a clear and specific threat to the safety and security of the facility. Nature of the material redacted must be indicated.

Alabama DOC Policy 454 states the PREA Director shall review data collected to assess and improve the effectiveness of appropriate ADOC policies and procedures. The PREA Director shall prepare a report on each institution for the Commissioner, identifying problem areas, suggesting corrective action, and providing comparison from the previous year’s data and reports.

During the pre-audit, the auditor was provided with a copy of the data collected from the SSV form from 2013 and 2014. These two years of statistics were summarized, and a comparison was provided. The agency identified areas of “weakness” and documented corrective actions.

Annual reports contain only statistical information and do not list any information specific to any allegations.

Based on information and documentation provided sexual abuse data is submitted to the agency on a regular basis and corrective action taken. If a problem or trend is noticed, a plan of action would be drafted to rectify the problem. Data is retained on secure servers that are backed up. Annual reports are typically broad and are intended to capture statistical numbers. Inmate’s names and specific information related to the allegations are redacted. During the pre-audit and site visit, the ADOC website was in the process of upgrades in order to satisfy the requirements under this standard. Prior to submission of this report, the agency website (<http://www.doc.alabama.gov/>) was verified as containing the information required to be in compliance with this standard.

Standard 115.89 Data storage, publication, and destruction

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

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

Alabama DOC Policy 454 states for the purpose of data collection tracking, the ADOC Form 302-A, alleging sexual abuse or sexual harassment, shall be forwarded to the I&I Division within seventy-two (72) hours of notification of a PREA related incident.

The PREA Director shall compile the records and data from the previous calendar year necessary to fill out the requested data in the Department of Justice’s Survey of Sexual Violence (SSV) should it be requested.

Annual reports contain only statistical information and do not list any personal identifiers.

The above referenced data shall be retained securely for ten (10) years.

During an interview with the PREA Director (May, 2016), it was determined sexual abuse data is submitted to the agency. If a problem or trend is noticed, a plan of action would be drafted to rectify the problem. Data is retained on secure servers that are backed up.

Information is published on the agency website: (<http://www.doc.alabama.gov/>)

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.

Ronny R. Taylor

September 17, 2016

Auditor Signature

Date