

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 26, 2016

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| Auditor Information | | | |
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| Telephone number: 281-633-1948 | | | |
| Date of facility visit: July 29-July 31, 2016 | | | |
| Facility Information | | | |
| Facility name: Kilby Correctional Facility | | | |
| Facility physical address: 12201 Wares Ferry Road Montgomery, AL 36117 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: 334-215-6600 | | | |
| 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: Phyllis Billups, Warden III | | | |
| Number of staff assigned to the facility in the last 12 months: 231 | | | |
| Designed facility capacity: 440 | | | |
| Current population of facility: 1234 | | | |
| Facility security levels/inmate custody levels: Security Level 5 | | | |
| Age range of the population: 18-80 | | | |
| Name of PREA Compliance Manager: Veronica Grooms | | Title: Sergeant (IPCM) | |
| Email address: veronica.grooms@doc.alabama.gov | | Telephone number: 334-215-6600 ext 607 | |
| Agency Information | | | |
| Name of agency: Alabama Department of Corrections | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| Physical address: 101 South Union Street Montgomery, AL 36130 | | | |
| Mailing address: <i>(if different from above)</i> 301 South Ripley Street P.O. Box 301501 Montgomery, AL 36130 | | | |
| Telephone number: 334-353-3883 | | | |
| Agency Chief Executive Officer | | | |
| Name: Jefferson Dunn | | Title: ADOC Commissioner | |
| Email address: Jefferson.Dunn@DOC.Alabama.gov | | Telephone number: 334-353-3383 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Christy Vincent | | Title: ADOC PREA Director | |
| Email address: Christy.Vincent@DOC.Alabama.gov | | Telephone number: 334-850-6602 | |

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act audit of Kilby Correctional Facility was conducted from July 29, 2016 to July 31, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Certified PREA Auditor Jeff Kovar assisted with the document review and interviews of staff and inmates during the site visit.

An entrance meeting was held July 29, 2016 the first morning of the onsite audit with Warden Phyllis Billups; Institutional PREA Compliance Manager, Sergeant Veronica Grooms; and the audit team.

The audit team wishes to extend its appreciation to Warden Billups and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The audit team would also like to recognize PREA Director Christy Vincent and Institutional PREA Compliance Manager Sergeant Veronica Grooms for their hard work and dedication to working towards compliance with all PREA standards.

After the entrance meeting, the audit team was given a tour of all areas of the facility, including; all general population housing units, intake area, medical services and infirmary ward, kitchen, chow hall, maintenance area, law library, chapel, classrooms, barber shop, commissary, laundry, administrative offices, industries print shop, shakedown shack, and visitation areas. During the tour, informal interviews were conducted with inmates and staff throughout the facility.

A total of 41 staff interviews were conducted with at least one staff member interviewed from each interview category, with the exception of Education and Program Staff who work with youthful inmates, line staff who supervise youthful inmates, and the interviews related to non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility), staff interviews were conducted with staff from all shifts (3x 8 hour shifts).

A total of 37 inmate interviews were conducted with at least one inmate interviewed from each interview category, with the exception of the interviews related to inmates placed in segregated housing for risk of sexual victimization and youthful inmates (these interview types were not applicable to this facility). Telephone interviews were conducted with the SAFE/SANE staff from Lighthouse Counseling/STAR, the Agency Head, Agency Contract Administrator, PREA Director, the Director of Investigative Staff. Six other investigative staff interviews with investigators from I&I were previously conducted during audits of other ADOC facilities and also applied to this facility audit. All interviews of inmates and staff were conducted individually and in a private setting.

The count on the first day of the audit was: 1116. The count on the final day of the audit was 1133.

The audit team provided a Notification Letter to be posted in all housing units and throughout other areas of the Prison prior to the site visit. This Notification Letter was dated and provided to the Agency on March 7, 2016. The notification was posted at least 6 weeks prior to the site visit allowing the inmates ample time to communicate to the auditors any concerns they have regarding PREA. The notification contained information on the upcoming audit and stated that any inmate with pertinent information should send a letter containing this information to the auditor at least 10 days prior to the on site audit date (July 29, 2016). Prior to the site visit, no correspondence was received by the auditor from any inmate incarcerated in Kilby Correctional Facility. These Notification letters were observed posted in all housing units and other common

areas during the site visit.

The Institutional PREA Compliance Manager submitted the Pre-audit Questionnaire to the audit team on June 17, 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 audit team and facility staff. During this time, the auditor discussed his concerns with the Agency PREA Coordinator and Institutional PREA Compliance Manager. There were some concerns that were able to be addressed to the auditor's satisfaction prior to arrival for the site visit. During the site visit, the audit team conducted several 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.

When the audit was completed, the audit team conducted an exit briefing on July 31, 2016. The audit team gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act. Present during the exit briefing were the following: Warden Phyllis Billups, IPCM Sergeant Veronica Grooms, Captain Logan and the audit team.

During the post-audit period, the auditor Compliance Tool for Adult Prisons and Jails was utilized as a guide in determining compliance with each of the standards. In order to determine compliance, the auditor used the information and documentation provided during the pre-audit, information obtained through interviews of staff and inmates, as well as visual observations made during the facility tour.

DESCRIPTION OF FACILITY CHARACTERISTICS

In December 1969 Kilby opened as the receiving Center located on 12201 Wares Ferry Road, Mt. Meigs for all male inmates in Alabama. The original capacity was for 440 beds including 100 two-man cells and a hospital unit and is a maximum-security prison-Level 5. Kilby is located on 154 acres. The Mission of Kilby is the Receiving and Classification of all new inmates entering the Alabama Department of Corrections from the County Jails; Reclassification of problem inmates, parole violators and escapees. Kilby provides intake health assessment, communicable disease screening, initial dental screening and review of mental health status of all new inmates. Kilby provides medical services and mental health treatment for inmates who are the sickest in the Alabama Department of Corrections requiring treatment from free-world medical specialists or hospitalization in our infirmary at Kilby or the free world hospitals; and provide care for free-world tuberculosis patients committed to state care by a Probate Judge through the State Health Department.

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| Number of inmates permanently assigned to Kilby: | 526 | |
| Inmate Population: | | 1448 |
| Number of Housing Units: | 16 | |
| Single Cells: | | 136 |
| Authorized Number of Security Staff: | | 262 |
| Current Security Staff: | | 165 |
| Part Time Security: | | 18 |
| Security Trainees: | | 5 |
| K-9 Security Staff: | | 5 |
| Warden I, II, III | | 3 |
| Captains: | | 2 |

Since 2007 the following listing is of buildings closed or added at Kilby:

- 2012 Dormitory Q was closed which housed 22 beds
- 2012 New Roof on main building, Dorms J.K and I&I Building
- 2013 Warden III officer renovated due to mold
- 2014 Compost Station closed. EPA condemned it
- 2014 Basement remodeled
- 2014 Kitchen Fire remodeled
- 2014 K Dorm bathroom renovated
- 2015 Medical Record Trailer added
- 2015 Propane Station added
- 2015 I&I Building remodeled
- 2015 New roof on towers 4 and 5

PROGRAMS AVAILABLE:

Correctional Educational Assessment Program:

Testing and assessment is done for all special education inmates arriving at Kilby and placement made at designated special education institutions.

Religious Programs:

The Chaplain routinely visits the hospital and segregation areas at Kilby as well as the local hospitals to counsel with inmates and their families concerning the inmate's serious, terminal or life threatening illnesses. The Chaplain coordinates burial services for indigent inmates. Weekly Prayer Services and Bible Studies are held.

Inmate Faith Based Dormitory:

The purpose of this dorm housing permanently assigned inmates who have a full time job inside the complex is to give them the opportunity to maximize their stated objective to change the criminal behavior that resulted in incarceration. The Faith Community Dorm provides an atmosphere within the incarcerated community where men will find the necessary tools to effect the change they seek. This program assists in restoring the incarcerated men to a successful and productive life. These men gain faith in themselves by utilizing life skills to effect the change. This program provides opportunities for educational advancement, character definition, and development in communication and leadership skills. These inmates develop a new sense into how their crimes affected the victims of their crimes, their families and the community.

Pre-Release Program:

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This program offers inmates nearing the completion of their sentence resources available to them upon their release. Inmates must be 30 to 60 days to End of Sentence (EOS), made Parole or up for a Parole Hearing. Pre-Release has several programs involved that help inmates in their transition back in society. The agencies listed below are a few who provide services and information to inmates in the Pre-Release program:

- Community Partnership for Recovery and Reentry (CPR) is in partnership with Pre-Release by networking with churches in different counties to help inmates upon release for food, shelter, and clothing.
- Parole Board provides inmates with information and explanations of the rules of Probation, the operation of the Parole Board and assists the inmates with home plans and the operation of the Parole Board.
- Montgomery Sheriff's Department provides information to inmates on the importance of possessing a felon ID card and keeping it with them at all times.
- Alabama State Troopers inform inmates about Alabama Driving Laws and how to reinstate their driver licenses.
- Alabama State University and Troy University provide information on how to enroll in school and apply for educational grants.
- Social Security Office representatives explain how to obtain a social security card and federal and state benefits such as SSI, and Medicare.
- Department of Human Resources: A representative advises inmates of their rights concerning child support and visitation rights.
- Public Health Department provides information on STD's Mental Health, and Medical Treatment.
- Psychological Services/Treatment: Incoming inmates are screened for psychological needs and are referred as appropriate. For the more serious cases, medication and special placement are available. Workshops and individual counseling are available for all inmates on such areas as Anger management, Stress, Criminal Thinking and Adjustment to prison. Substance Abuse treatment is coupled with Pre Release and reentry programs aimed at reducing recidivism.

INMATE WORK PROGRAMS:

The 526 inmates permanently assigned to Kilby Correctional Facility learn skills that can be used upon their release while working in the Alabama Correctional Industries Printing Plant located on Kilby grounds; Kilby Food Services; Kilby Laundry Services; Kilby Maintenance Division, Canteen and Kilby Farm/Grounds Workers.

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 and 115.22)

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3 (115.14, 115.52, and 115.66)

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.

Kilby Correctional Facility has a zero tolerance standard for incidents of sexual harassment and sexual assault. The allegations of sexual harassment and sexual assault will be investigated thoroughly in order to provide prompt health intervention to those involved, prosecution or disciplinary action against the perpetrators, while being sensitive to the needs of the victim. The Prison has implemented federal Prison Rape Elimination Act (PREA) Standards to ensure that all aspects of operations work toward preventing, detecting and responding to such conduct resulting in a safer environment. Kilby Correctional Facility operates under the State of Alabama Department of Corrections (ADOC).

Definitions of prohibited behaviors regarding sexual abuse and sexual harassment were located in section III of the ADOC Inmate Sexual Abuse and Harassment (Prison Elimination Act [PREA]) Administrative Regulation (AR) #454.

Kilby Correctional Facility’s SOP VI-33 Sections I and II state “This Standard Operating Procedure established responsibilities and procedures for the Institutional PREA Compliance Manager (IPCM) to coordinate the institution’s efforts to comply with the Prison Rape Elimination Act (PREA) standards. It is the policy of Kilby Correctional Facility to maintain zero-tolerance for inmate sexual abuse, sexual harassment and custodial sexual misconduct and ensure compliance with the PREA Standards. Section IV-A states the Warden is responsible for designating an Institutional PREA Compliance Manager and ensuring the IPCM has proper authority and responsibility to monitor and oversee the facility’s efforts in complying with PREA Standards.

Kilby Correctional Facility’s (Agency Wide) PREA Coordinator holds the rank/title of ADOC PREA Director. The PREA Director is responsible for developing, implementing, and overseeing agency efforts to comply with the federal PREA Standards within the Prison. The PREA Director has the authority to make necessary decisions to ensure compliance, and she falls under the General Counsel in the Agency’s organizational structure.

Kilby Correctional Facility has designated one of their Sergeants as the PREA Compliance Manager IPCM (Institutional PREA Compliance Manager) and she has been given sufficient time and authority to coordinate that facility’s compliance with department policy and federal PREA Standards. The IPCM reports to the PREA Director and the Prison Warden III. The Kilby Correctional Facility shows the IPCM reporting directly to the Facility Warden in its Facility Organizational Chart. A Correctional Sergeant at Kilby Correctional Facility has also been designated as the “Back-up” IPCM for the facility.

Interviews with the PREA Director indicates she is allotted ample time to oversee the agency’s efforts to ensure PREA compliance within the Prison. She has 28 Institutional PREA Compliance Managers that report to her (one for each facility). In addition, there has been designated 28 “Back-up” Institutional PREA Compliance Managers (one for each facility). These Back-up IPCMs work closely with the IPCMs so they are kept abreast of all facility PREA information and will be able and available to fill in for the IPCM in the event the IPCM is out for any extended leave of absence. The Institutional PREA Compliance Manager and her back-up IPCM have both attended specialized training “Institutional PREA Compliance Manager” presented by the Moss Group. The PREA Compliance Manager stated she also has ample time to manage her PREA related responsibilities. The back-up IPCM designates a certain amount of time to keeping up with PREA information and any duties related to PREA. The PREA Coordinator communicates with the PREA Compliance Manager on a regular basis to ensure compliance is being monitored for all PREA standards.

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.

There is one contract for confinement that has been established through the agency with Talledega County Jail. This contract has language specific to complying with PREA Standards as an obligation of the contract. The original contract and the signed renewal were both provided and reviewed during the pre-audit. The contract is renewable each year and the renewal is based on the original contract and the wording within the original contract specific to PREA compliance.

ADOC AR#454 Section III-D does state “the ADOC General Counsel shall be responsible for: 1) 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 they have the contract established with does have to maintain compliance with PREA standards. The Agency Contract Monitor also advised that the PREA Director and I&I investigators make routine, periodic visits (or more often if necessary) to the facility in order to ensure the inmates are being treated as they should, are well cared for, and are maintaining compliance under the obligations set forth in the contract.

Standard 115.13 Supervision and monitoring

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

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

The Agency develops, documents and makes its best efforts to comply on a regular basis, but no less than once a year, with a staffing plan that provides for adequate levels of staffing. Where applicable, video monitoring is utilized to protect inmates against sexual abuse. This staffing plan is predicated on an inmate population of 1258.

In calculating adequate staffing levels and determining the need for video monitoring, the Agency takes into consideration the following:

- 1) Generally accepted detention and correctional practices;
- 2) Any judicial findings of inadequacy;
- 3) Any findings of inadequacy from Federal investigative agencies;
- 4) Any findings of inadequacy from internal or external oversight bodies;
- 5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated);
- 6) The composition of the inmate population;

- 7) The number and placement of supervisory staff;
- 8) Facility programs occurring on a particular shift;
- 9) Any applicable State or local laws, regulations, or standards;
- 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 11) Any other relevant factors.

During the 2015 audit cycle, there were no documented deviations from the staffing plan.

Kilby Correctional Facility mandates the annual staffing plan in ADOC AR#454 page 42. Kilby uses a standardized form titled "PREA Annual Staffing Review Checklist" (ADOC form 454-J) in order to assist in the annual staffing plan. Section D on page 14 of ADOC AR#454 states the Warden will assist in the development and documentation of the facility staffing plan and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and, where applicable, video monitoring to protect inmates against 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.

During the pre-audit, the auditor was provided information on their latest staffing plan and policy annexes that are under review. As noted in the policy annex, the Prison has a plan in place in order to close Non-Priority Posts due to emergency situations or to comply with staffing plan Priority Post positions. Pre-audit documentation showing posts that were able to be closed (unmanned) were also provided. The last approved Staffing Plan was approved by the Warden on July 11, 2016. Kilby Correctional Facility utilized the Agency Form 454-J for the Staffing Plan. Both the completed form and the Staffing Plan were provided to the auditor during the pre-audit.

In circumstances of non-compliance with the staffing plan, the Compliance Manager will document, in writing, and justify all deviations from the plan. This documentation will be forwarded to the Deputy Warden/PREA Coordinator.

Whenever necessary, but no less frequently than once a year, each facility shall assess, determine and document whether adjustments are needed to:

- 1) The facility's deployment of video monitoring systems and other monitoring technologies; and
- 2) The resources the facility has available to commit to ensure adherence to the staffing plan.

The annual reviews will be conducted in consultation with the PREA Compliance Manager and the PREA Coordinator, with input from other key areas within the facility. During the pre-audit, the facility provided the auditor with the most recent staffing plan.

During the Pre-audit, the auditor was provided Kilby's "Secure Facility Vulnerability Assessment". This form is utilized in order to help determine factors of vulnerability for the inmate population and is utilized for the annual staffing plan. This form targets questioning in regards to Lighting and Surveillance Cameras, Blind Spots/Areas Not Visible to Employees, Common Areas of Facility, Radio Communication, Classrooms, Office Areas, Bathroom Areas, Visitation Areas, and Supervision of Inmates. All topics have several questions, that assist with determining areas of concern or ideas for the betterment of the inmate population's safety. This form was completed on April 15, 2016 by the Agency-Wide PREA Coordinator during her visit/walk through of Kilby Correctional Facility.

During the pre-audit, the auditor was provided with documentation from the IPCM in accordance with PREA standard 115.13, intermediate and higher level staff will be conducting unannounced rounds in the housing units. On September 1, 2015, a new form was implemented Agency-wide (ADOC Form 454-H) titled Shift Commander PREA Check Report. This form mandates the following: The shift commander or shift supervisor of each shift must conduct at least one unannounced facility/dorm check and video monitoring check per shift. First and second shift must conduct a PREA Hotline check at least once per shift. Twelve hour shifts at least once per shift. These checks should not be done at the same time every day. These checks must be noted in the shift log and on this form. Any incidents must be reported immediately. Since initiating this form, numerous intermediate-level and upper-level supervisors have made unannounced rounds throughout the facility. Documentation shows the unannounced rounds have occurred on all shifts. The forms include a start and end time for the unannounced round, section for the PREA Hotline check (time of check, housing unit, and additional notes/discrepancies), and a section for video monitoring (time and any discrepancies). This documentation is logged on form 454-H and in the shift log. During the site visit, the auditor verified the rounds by reviewing shift logs during the tour and some of the Shift Commander PREA Check Reports during document review while on site.

Staff interviews indicate the facility has developed a staffing plan based on the requirements under PREA. The PREA Director and Institutional PREA Compliance Manager are consulted regarding assessments and/or adjustments to the staffing plan. Interviews further indicate unannounced rounds are being conducted by intermediate-level and higher-level facility staff on a regular basis. These rounds are occurring daily on all shifts. Unannounced rounds are documented in the Shift Logs and supervisor PREA Check Reports. Supervisors stress to staff they are prohibited from alerting other staff of the unannounced rounds being conducted. Failure to comply with this directive may result in disciplinary action.

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.

XX NOT APPLICABLE

There is Agency Policy specific to housing youthful offenders: ADOC AR#454 (page 17) states no youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarter. In areas outside the housing unit, if sight and sound separation cannot be maintained, direct staff supervision shall be provided.

In the past 12 months, there were youthful inmates housed at Kilby Correctional Facility. Current Policy outlines the Facility's responsibilities for maintaining sight/sound separation and comply with all aspects of PREA Standards regarding Youthful Inmates. There have been no youthful inmates housed at Kilby for the past calendar quarter. A recent Agency-wide policy change directs all youthful inmates will be housed in one facility (not Kilby Correctional Facility). This standard, therefore, does not apply.

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.

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

ADOC AR#454 (page 14) E-Cross-gender Searches 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. They shall document on the shift log and ADOC Form 302-A, incident report, all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of female inmates. The institution shall give justification on ADOC Form 302-A as to what exigent circumstance prompted the search. The ADOC's policy is that each facility shall implement procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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 the 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 manner possible, consistent with security needs.

Kilby SOP #VI-33 Institutional PREA Compliance Manager, Section V-I, states: The IPCM shall ensure that cross-gender strip searches, pat searches and visual body cavity searches are not being conducted except in exigent circumstances or when performed by medical practitioners. SOP V-6 Institutional Shakedown and Searches section V-F Cross-Gender Viewing and Searches of Inmates addresses all aspects of this standard in regards to cross-gender searches, viewing, staff "knock and announce", and searches of transgender/intersex inmates.

The institution shall document on the shift log and ADOC Form 302-A Incident Report, all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates. The institution shall implement policies and procedures (ANNOUNCE) that enables inmates to shower, perform bodily functions, and change clothing without non-medical 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. (SOP VI-33 sections V-H&I and SOP V-6 sections V-F) Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The facility staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of the broader medical examination conducted in private by a medical practitioner.

During the pre-audit, the auditor was provided documentation verifying employees have received specialized training for conducting cross-gender searches during their quarterly training "PREA/LGBTI" (documentation was provided for the previous four quarters). 100% of staff received this training. The training included two presentations/disks from the National Institute of Corrections: "Guidance in Cross-Gender and Transgender Pat Searches" and "LGBTI Intake – Creating a Culture of Safety". Staff attended two additional training sessions titled "PREA Training" and "Gender Responsive Training". Training logs were provided for each of these training sessions from Kilby Training Center records.

Interviews with random staff indicates staff are well aware of the prohibition of conducting strip searches on transgender inmates for the sole purpose of determining their genital status. Interviews with both staff and inmates indicate when female staff enter the male housing units an announcement is made of their presence. Interviews with inmates indicated that female staff announce their presence when they enter a housing area and it would be rare for the female staff to view them at any time in a state of undress.

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 the past 12 months, there have not been any instances where inmate interpreters, readers, or other types of inmate assistants have been used. 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 pre-audit, the auditor was provided examples of the Facility's "ADOC PREA General Information" 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 the facility intake area also plays "PREA: What You Need to Know" (from the National PREA Resource Center) with closed captioning and is available in both English and Spanish. Kilby 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.

The interview with the Agency Head indicated the Prison has a translation service for non-English speaking inmates, and provides handouts and inmate handbooks in both English and Spanish. During the site visit, the auditor was shown Google Translate and verified it as being operational and sufficient as a translation device. In discussion with the PREA Director, she has advised that agency-wide, there will soon be braille PREA material ordered to provide another means of educating inmates with visual impairment.

Interviews with staff indicated they were well aware of the fact that agency policy prohibits the use of inmate translators unless it is in an exigent circumstance. Inmate interviews indicated there has been no occurrence of inmates being used to translate as far as those interviewed were aware.

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)

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.

Consistent with the Prison Rape Elimination Act (PREA), ADOC AR454 (page 12) ADOC V-A-4a Hiring and Promotion states: Department policy prohibits the hiring of an employee or contractor who may have contact with an inmate 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.

Criminal Records Background Checks (CRBC) shall be completed by the Director of Personnel/Designee on all eligible candidates for new PREA Audit Report

positions, and for all current ADOC and contract employees at least once every five years as outlined in ADOC AR216 section IV-A. Section IV-B states the Director of I&I/Designee is responsible for conducting CRBC for all eligible candidates for employment in I&I positions, support positions, re-employments, rehire. Part-time retirees, all contract candidates, including promotional candidates.

All applicants are required, during the application process, to complete form 216-B (PREA Compliance) in which the applicants are asked specifically:

- Have you ever been accused or charged with inappropriate sexual activity, sexual abuse, or sexual harassment (if yes, explain)
- Have you ever been employed at such an institution (business such as nursing homes and child care facilities would be among the employers of note)?
- While employed, were you the subject of a sexual misconduct investigation of any kind?
- Have you ever been accused or charged with inappropriate sexual activity, sexual abuse and sexual harassment?

In the past 12 months, all persons hired who may have contact with inmates had a criminal background record check (15).

In the past 12 months, there were contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

Interviews with the Human Resources staff indicate criminal background checks are conducted on all newly hired employees, contractors, and volunteers. ADOC is in the process of conducting the Criminal Background Checks on all employees. This was recently implemented into policy (January 2016), and the auditor was advised the majority (agency-wide) have been completed and they will continue until all employees have a current criminal background check completed. I&I conducts the criminal background checks on all contractors, volunteers, and promotional candidates. I&I submits a monthly report to Human Resource Personnel in order for them to enter that information into their database. Included in the information entered is: date of criminal background check, name of employee, reason for the check (contractor/volunteer/promotion, etc.)

During the pre-audit, the auditor was advised recent auditor concerns with the wording required in questions outlined in this standard not being met with the current application/forms utilized by ADOC (during prior PREA audits) have been addressed. In discussions between the auditor, the Personnel Director and PREA Director the following additions/modifications were recently made:

Specifically, these three following questions are now 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?

These questions were recently added to the new employee application as well as promotional application. The auditor was advised that any future applicant and during any promotional process, applicants are required to complete this new 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.

Kilby Correctional Facility currently has no video cameras. When planning, adding, or designing any substantial expansion or modification of existing housing units or buildings, the effect of the design, acquisition, expansion or modification upon a building shall be considered and the ability to protect inmates from sexual abuse. Requests are made periodically for the purchase of video monitoring equipment and the facility stated they will continue to request this until they do receive some cameras.

During the pre-audit and post-audit, the auditor was provided documentation showing that as recently as this past year, Kilby Correctional Facility added several new mirrors in order to eliminate blind spots and/or potential blind spots.

During the on-site portion of the audit, it was determined through auditor's visual perception during the tour, inmate interviews, and staff interviews that all inmates are afforded adequate privacy to perform the aforementioned personal hygiene tasks.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The Agency I&I Division is responsible for conducting Criminal Investigations and the facility is responsible for conducting/assisting with 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 Lighthouse Counseling Center/STAR and are conducted by SANEs. There has been one forensic medical exam conducted in the past 12 months, which was conducted by a SANE examiner. In the event of a forensic exam or sexual assault, a victim advocate would be provided through the Alabama Coalition Against Rape (ACAR). Member Rape Crisis Center made available for Kilby Correctional Facility is Lighthouse Counseling Center, Inc/STAR. Contact information 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. The auditor was advised that posters with a toll free number to ACAR have been posted in all housing units near the inmate phones (these were observed posted during the site visit tour). All inmates have access to this information. During the pre-audit, the auditor was provided a documented agreement (MOU) between Kilby Correctional Facility (ADOC) and the following services: Alabama Coalition Against Rape (ACAR), and Lighthouse Counseling Center/STAR (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 Lighthouse Counseling Services, and in need of a forensic exam, would receive such exam. The auditor was advised by the SAFE/SANE representative that Lighthouse Counseling Services has 8 full time trained SAFE examiners and there is always a SAFE/SANE examiner available to conduct forensic examinations. Within the last 12 months, there has been one inmate from Kilby correctional Facility sent to Lighthouse Counseling Services for SAFE/SANE medical examination. The auditor also was advised by their representative they have staff available to respond and provide victim advocate services in the event an inmate was sexually abused. She has conducted approximately 90% of the SANE exams for Alabama DOC that have been conducted at Lighthouse (over 35 Agency wide have been conducted at Lighthouse).

Interviews with a random sample of staff indicate they did recall receiving training regarding preservation of evidence. Staff were able to explain what they would do as a first responder in order to preserve evidence until proper authority or investigators arrived and took over the scene.

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,d- 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>)

During the past 12 months, there have been eight allegations of sexual abuse and/or sexual harassment that were received. Of these, eight were referred for administrative investigation and one was referred for criminal investigation (to I&I). One of these cases was pending (not closed) at the time of the site visit.

The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Administrative investigations may be conducted by trained facility staff. During the site visit and post audit review period, the auditor reviewed all completed investigations. Both trained facility staff and I&I were involved in conducting these investigations (preliminary information at facility, then to I&I).

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 if needed.

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.

ADOC AR 454 Section V-A, 1 Employee Education and Training states employees shall receive training to include, but not be limited to, the prevention, detection, response, and reporting of allegations of inmate sexual abuse, sexual harassment, and custodial sexual misconduct. Such training shall encompass all required areas employees need to know to ensure compliance with PREA standards requirements. Employee instruction shall be accomplished during initial training, annual inservice 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. During the pre-audit, the training curriculum was provided to the auditor and the auditor verified that the following was included in the training:

- 1) The zero tolerance policy against sexual abuse and sexual harassment within the Department;
- 2) How staff are to fulfill their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this policy;
- 3) Inmates' right 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 LGBTI or gender non-conforming inmates; and
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Review of the Prison's PREA Course curriculum/Power Point slides indicates all topics above are covered during training.

Training is tailored to the gender of the inmates at the facility (male inmate population and female/male staff).

During the pre-audit, the auditor was provided documentation showing that all current employees have received their annual PREA training. This documentation is maintained by the Kilby Training Center. This training is mandatory and all employees having contact with inmates are required to complete the training. In the past 12 months, 231 staff employed by the facility, who may have contact with inmates, were trained on the PREA requirements enumerated above. This equates to 100% of all staff, who may have contact with inmates.

Annually, staff will receive refresher training and during the interim, employees are notified of procedure or training updates via memorandum, updates to policy/procedure manuals, and/or other means. Employees are required to sign an acknowledgement indicating they have read and understand for any updates or changes during the interim. Training curriculum was provided for 2015 in-service training titled "Prison Rape Elimination Act (PREA) Update, AR 454, Cross Gender Searches and LGBTI Liabilities Standards (3 hour block of instruction), 2014 in-service Training "Dealing Effectively and Professionally with LGBTI Offenders (4 hour block). In addition, training rosters for the past four calendar quarters were provided during the pre-audit as supporting documentation.

Training rosters were provided for continuing education training titled "PREA/LGBTI" and ADOC Investigations Training-PREA-Sexual Harassment".

The auditor was also presented during the pre-audit, a brochure from the ADOC for the employees titled "PREA- What Staff Should Know About Sexual Misconduct With Inmates". This brochure was very informative providing information on sexual abuse and harassment, inmate rights, possible consequences and contact information to report to ADOC I&I, ADOC PREA Director, and the third party reporting hotline.

During the site visit, the auditor reviewed a "weekly bulletin" that is posted and provided for all staff. In the bulletin, there were two areas specifically that made reference to changes to PREA policy/procedure at the facility (phone number change for inmate reporting, and general information). This information is available for all staff to review. A new bulletin is put out every week and any information regarding PREA would be included in this as a means to inform staff of any changes.

Random staff interviews indicate staff had received the required PREA training and have a general knowledge regarding the Prison's PREA policies and procedures.

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.

ADOC AR 454 (page 10) mandates the Institutional PREA Compliance Manager will ensure all volunteers and contractors at their facility have been trained. In the past 12 months, there have been approximately 250 volunteers and contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. 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. 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.

During the pre-audit, the auditor was provided with a sample of documentation (Kilby Training Center log sheets) confirming that volunteers/contractors received the training. Interviews with volunteers/contractors indicate volunteers and contractors are provided with PREA education including the agency's zero tolerance policy as well as to whom they would forward any sexual abuse reports. Contractual obligations indicate medical staff are required to complete 16 hours of orientation and 4 hours of annual training (PREA information is included in the required training). In the case of mental health contracted staff, they are required to complete 16 hours of orientation training, 16 hours of annual training (to include PREA material) and eight additional training hours specific to their areas of expertise (these contracts were provided during the pre-audit and reviewed by the auditor).

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.

ADOC AR 454 (pages 13-14) Inmate Education: all inmates shall be given verbal and written, understandable information explaining the ADOC's zero tolerance PREA policy including how to report sexual abuse and harassment upon their initial intake. They shall 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. Inmates shall also be provided accessible educational 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. They shall also be given verbal, visual, and written information regarding PREA during orientation upon transfer. This inmate PREA education information shall include prevention of sexual abuse and harassment, self-protection, methods of reporting, and treatment/counseling availability. Upon completion of an inmate's PREA orientation, the inmate shall sign ADOC Form 454-A (Inmate Awareness Acknowledgement).

During the pre-audit, the auditor was provided with a copies of information provided to each inmate during orientation which specifically explains the basics of PREA, how and to whom to report. Inmates are also provided the pamphlet "What you should know about sexual abuse and sexual assault". Inmates watch a PREA video during intake orientation as part of the 2-hour PREA training. In this curriculum, all inmates receive information explaining the zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse, sexual harassment or retaliation, and what to do if he/she is the victim of sexual abuse, sexual harassment or retaliation. All inmates are shown a power point presentation regarding their rights to be free from sexual abuse, sexual harassment, and retaliation. They will also be provided information regarding agency policies and procedures for responding to such incidents. There are also video segments played during the inmate education training from Just Detention International and the PREA Resource Center. Copies of form 454-A (inmate signature sheet) were provided to the auditor during the pre-audit, with inmate signatures included. The inmate handbook is also provided during orientation and this has additional PREA information included. The ADOC Inmate Handbook is provided to all inmates during orientation, and this also includes information regarding inmate rights and reporting for PREA related incidents. Copies of this handbook were provided to the auditor during the pre-audit in both English and Spanish.

Several PREA posters and flyers were also provided during the pre-audit. During the site visit, these posters were seen visible throughout the Prison and had information available for the inmates regarding reporting and zero tolerance towards sexual abuse/harassment. These are in both English and Spanish.

During the past 12 months, all inmates admitted received such information at intake; and all received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. Every Friday, the facility provides comprehensive inmate education to those inmates they have received during that week. The initial information is provided when they arrive on day one.

During an interview with a member of the intake staff, it was discovered all incoming inmates are provided with PREA education through the inmate handbook, PREA pamphlets, other PREA handouts, and PREA posters, immediately upon intake. All inmates also watch a PREA video, prior to classification and housing, during the inmate's orientation process. All inmates receive comprehensive PREA education within a week that includes a PREA video. During informal interviews and formal interviews with inmates, the auditor was able to verify the inmates have been receiving PREA training and are knowledgeable on reporting and the services available to them. During the site visit tour, posters were visible in all housing units and other areas common to inmates, as well as, areas accessible by the public.

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 Investigators and other ADOC employees with PREA related responsibilities shall receive additional training related to their roles to include, but not be 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.

The agency has 21 investigators currently employed who have completed the required training for investigating sexual assaults/abuse in a confinement setting. During the pre-audit, the auditor was presented supporting documentation in the form of training logs from the course "PREA: Investigating Sexual Abuse in a Confinement Setting" that was presented by the National Institute of Corrections.

During interviews with facility investigators, the investigators acknowledged receiving the training specific to PREA requirements. Investigators were knowledgeable that any case that appeared to be criminal would be referred for criminal prosecution. Investigators also acknowledged using a preponderance of evidence as the standard of evidence used to substantiate allegations of sexual abuse and sexual harassment.

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.

ADOC AR 454 (page 10) mandates the Institutional PREA Compliance Manager will ensure all volunteers and contractors at their facility have been trained. In addition to the common training for all employees, contractual obligations dictate that medical staff are required to complete 16 hours of orientation and 4 hours of annual training (PREA information is included in the required training). In the case of mental health contracted staff, they are required to complete 16 hours of orientation training, 16 hours of annual training (to include PREA material) and eight additional training hours specific to their areas of expertise as outlined in their contracts (these were provided during the pre-audit and reviewed by the auditor). During the pre-audit, the auditor was advised 100% of medical and mental health care practitioners who work regularly within the facility (59 staff members) have received the training required by agency policy. Training logs from Kilby Training Center were provided during the pre-audit as verification of medical and mental health provider training for the course “PREA: Your Role Responding to Sexual Abuse”, presented by the National Institute of Corrections and for LGBTI specific training. Kilby Correctional Facility also provided curriculum for specialized training titled “PREA”. Signature sheets were also provided during the pre-audit for: Prison Rape Elimination Act PREA Training for Contractors. This is an informative, three page document that the contractor must sign as an acknowledgement he/she has read and understands the provisions of the training. Additionally, training curriculum was provided during the pre-audit for PREA training specifically for Corizon (medical contractors for the facility) employees “Prison Rape Elimination Act 2012 & Corrections”. Mental Health providers attended a training titled “PREA Sensitivity Training: Acute Care & Assessment with Victims of Sexual Assault”. Curriculum for these classes were provided during the pre-audit.

Agency medical staff at this facility do not conduct forensic medical examinations. Such examinations are conducted at Lighthouse Counseling Center.

Interviews with the medical and mental health staff indicate they were given the initial 16 hour PREA training. Medical and mental health staff acknowledged receiving PREA training through Corizon Health as well as through the Alabama DOC. Medical and mental health staff confirmed training topics include; 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. Additional handouts, meetings regarding PREA, and informational emails are periodically sent out to all medical and mental health staff to update them on any PREA related topics.

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.

ADOC AR-454 (pages 15-16) states all inmates, at initial intake, shall be screened within 72 hours utilizing ADOC Form 454-C, PREA Risk Factors Checklist, for potential risk of sexual vulnerability and potential risk of sexual aggression. Upon transfer to another facility, all inmates shall be screened within 72 hours utilizing ADOC Form 454-C form 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: 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. 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 a permanent housing. At those institutions without a Classification Specialist permanently assigned, the IPCM will be charged with completing ADOC Form 454-C. 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. 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. There will be appropriate controls on the dissemination of screening information so as to ensure each inmates' sensitive information is not exploited. PREA Mental Health Assessment: Inmates that have been identified as being at risk for potential sexual vulnerability or sexually aggressive behavior shall be referred to mental health staff utilizing ADOC Form 454-C.

During the pre-audit, a sampling of the ADOC Form 454-C was provided for an inmate's initial screening and the same inmate's 30 day reassessment. The auditor verified the form is an objective screening instrument and contained the following criteria: whether the inmate has a mental, physical, or developmental disability, the age of the inmate, physical build, prior incarceration, whether criminal history is exclusively non-violent, prior convictions for sex offenses, whether the inmate is perceived to be LGBTI or gender nonconforming, prior sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is detained solely for immigration purposes. The objective screening instrument 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.

The auditor was provided with documentation showing the facility has completed Initial Screenings (ADOC Form 454-C) on all incoming inmates since the screening began.

The initial assessment is conducted by a Classification Specialist. A counselor will then follow up (when necessary) with an initial meeting within 14 days of being classified to the housing unit. During the pre-audit, the audit team was provided with documentation showing the facility has began completing the 30-day reassessments for those inmates at risk of sexual victimization or for being sexually abusive based on relevant information received since intake since this has been made agency policy. (this only became policy in January 2016)

Interviews with the PREA Director and IPCM indicate any inmate scoring affirmatively as a potential victim and/or potential institutional sexual predator would be addressed through classification. Staff would have access to see the classification in the computer; however, they would not have any access to the actual results of the screenings. During the site visit, discussions were initiated regarding the current objective screening instrument being used by the facility. Suggestions were made by the audit team to modify the existing instrument so that the facility may better identify inmates that are truly at risk for victimization or sexual abusiveness, thus being better able to provide separation and follow-up care to those identified inmates.

During the onsite audit, the auditor was provided with a spreadsheet, documenting the risk screenings. The auditor was provided with documentation showing 30 day rescreenings began in March 2016. The auditor noticed some inconsistencies in the time frames of the screenings, and 30 day rescreenings that were conducted. The spreadsheet indicated several of the screenings/rescreenings were being conducted beyond the required time frames. The auditor advised the facility staff to conduct their initial screenings within 72 hours, and the 30 day screenings within 30 days of intake. The screening staff should use any other information available to them (incident reports, disciplinary information, housing changes, etc.) when conducting this screening.

During interviews with random inmates, many of these inmates indicated they did recall being screened for their risk of victimization or being sexually abusive towards other inmates.

The auditor required the facility to continue logging initial screenings and 30 day reassessments on a spreadsheet during the post audit review period, and provide the auditor with this updated spreadsheet after three weeks. Upon receiving the updated spreadsheet, he auditor reviewed the screening spreadsheet and verified the initial screenings are being conducted within 72 hours of intake and the 30 day screenings are being conducted within 30 days of intake. The facility made great improvements and with the spreadsheet they have as a

tracking/monitoring device, consistency has been shown and the auditor's concerns have been satisfied.

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.

ADOC AR 454 (Use of Screening Information) 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 the 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. Youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside the housing unit, if sight and sound separation cannot be maintained, direct staff supervision shall be provided. ADOC shall not place LGBTI inmates in a dedicated facility, unit or dorm solely on the basis of such identification or status. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year by the IPCM to review any threats to safety experienced by the inmate. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, ADOC shall consider on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

Interviews with administrative staff indicated when deciding whether to assign a transgender/intersex inmate to a facility for male/female inmates, and in making other housing and programming assignments, the agency does consider, on a case by case basis, whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. A transgender/intersex inmate's own views, with respect to his/her own safety shall be given serious consideration for housing and program placement assignments. All pertinent information regarding the transgender/intersex individual should be discussed on a need-to-know basis and shared only with the appropriate staff to provide necessary services. A transgender inmate's placement and programming assignments are reassessed every six months. No transgender inmate was housed at this facility at the time of the site visit.

During the site visit, the auditor was advised the facility does make its best effort to keep separated those individuals identified as abuser/potential abusers, and victims/potential victims. While on-site, the Warden presented the Facility's plan for housing assignments based on identifying inmates as victims/abusers or potential victims/abusers. A copy of this plan was retained as supporting documentation. During the post audit period, this plan was put into place and supporting documentation was provided to the auditor showing all identified victims and predators and the housing assignments for them. This plan designates specific housing for the identified predators/abusers with options in the event there are other classification concerns. The plan providing multiple avenues to achieve this separation is effective. This documentation clearly showed that the Facility is providing adequate separation between these two groups of identified inmates and this satisfies any concerns the auditor may have had. This is now procedure and as such, will remain consistent.

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.

ADOC AR454 (Protective Custody) states Inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available. 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 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.

Within the last 12 months, no inmate has been placed in involuntary segregation for one to 24 hours awaiting completion of the assessment.

Through staff interviews it was determined inmates at high risk of sexual victimization are not generally placed in involuntary segregated housing. The auditor was advised these inmates would be placed in other housing units, if at all possible. In the event an inmate at high risk of sexual victimization was placed in segregated housing, the inmate would have access to privileges and programs when at all possible. If these privileges and programs had to be restricted, the facility would document the activities restricted and the reason for the restriction. During the onsite audit, there were no inmates documented as being placed in involuntary segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse).

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.

ADOC AR 454 (Inmate Reporting) Inmates may report abuse or harassment verbally, in writing, through 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 (Investigations and Intelligence) 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. Disciplinary action may be taken when an investigation by the IPCM and/or I&I Investigator determines that an inmate made a false report of sexual abuse or sexual harassment. However, an inmate reporting sexual abuse or sexual harassment, shall not be issued a disciplinary report for lying based solely on the fact that their allegations were unfounded or that the inmate later decides to withdraw his/her allegation. 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.

During the pre-audit, the auditor was provided information to allow different avenues for inmate reporting. Posters are located throughout the housing units and inmate areas providing phone numbers to I&I (English and Spanish) and the inmates have available pre-addressed envelopes to mail allegations/complaints to the I&I. Corrections staff who receive a verbal allegation must document this information as soon as possible. A staff member, contract service provider, or volunteer, may also make a private report to the facility’s PREA Compliance Manager, or the PREA Director.

The auditor was provided with an MOU between the agency and Alabama Coalition Against Rape (ACAR). The MOU outlines ACARs responsibility to provide confidential emotional support services to victims of sexual abuse.

Through staff and inmate interviews it was determined inmates and staff may make a private report to any supervisor, the PREA Director, and the PREA Captain (Institutional PREA Compliance Manager). Inmates are also provided with the mailing address to the Investigations and Intelligence Division (I&I) of the ADOC and are permitted to make a report directly to this division. Inmate interviews indicated that the inmate population is aware of several different avenues to report (any staff, the PREA hot line, inmate request form/grievance form, through a family member or friend, or in writing to I&I). The auditor was advised by random staff that all reports; including verbal, written, anonymous, and third-party reports would be investigated. Verbal reports would be documented by the staff almost immediately upon receipt of such information. Informal and formal inmate interviews reflected inmates are aware of the various reporting methods available to them and where the information is located in the housing units if they need access to addresses/phone numbers.

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.

XX Not applicable

ADOC AR454 (page 21) section 2 (inmate reporting) states- Inmates may report sexual abuse or harassment verbally, in writing, through a third party, or anonymously. They may file a grievance, call the PREA Hotline, deposite 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.

Inmates housed in Kilby Correctional Facility do not have a Grievance System to report an allegation of sexual abuse or sexual harassment to staff, therefore, this standard does not apply.

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, some inmates stated they had not been provided with any information regarding outside victim advocate services. Some inmates indicated they may have been provided with this information, but they were not sure.

During the pre-audit, the auditor was provided with an MOU between the agency and ACAR: Lighthouse Counseling Centers/STAR. This MOU states Lighthouse Counseling Centers/STAR agrees to provide inmates who allege sexual abuse with forensic examinations. During an interview with the Program Coordinator for Lighthouse, the auditor was 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 Lighthouse Counseling Center would be notified and would provide follow-up victim advocate services to inmates, upon return to the facility. During the facility tour, posters were observed in the housing units for this third-party victim advocate service. This information was clearly available for the inmates to read and had contact information included in the posters.

During the site visit, the auditor was advised the agency secured an MOU with ACAR for ongoing victim advocate services. 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. The auditor was advised posters have been placed 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 on the poster. This information is posted near the inmate phones inside the housing unit and is readily available to all inmates. The auditor was advised by facility staff that the outside victim advocate hotline has been tested and is working properly. The auditor has tested this hotline and was able to speak with a live victim advocate (This service is available to all inmates Monday-Friday from 4pm until 9pm). There is also a message played (with prompts) on the phone system for any time the phones are used. Prior to the inmate being able to place a call, there are prompts given indicating avenues for victim assistance or reporting incidents of sexual abuse and/or harassment.

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.

Kilby Correctional Facility has established an MOU with the Alabama Coalition Against Rape in where it provides ADOC several crisis centers for available reporting and victim advocate services. Kilby Correctional facility has available to them Lighthouse Counseling Center. In addition, the ADOC I&I has a number available for inmates to make third party reports from within the prison. This number is made available to the inmates on PREA Posters located throughout the Prison and in the housing units. Direct two digit number to call I&I from the housing units is (91) or (66) for outside party reporting method.

ADOC website (www.doc.alabama.gov) has available a PREA link within the website to submit third party reports of sexual abuse/harassment. This is a means for the public to make third-party reports on behalf of inmates. The website also provides the phone number for the agency wide PREA Director, and a tab for a link to request an investigation involving sexual abuse or sexual harassment.

While conducting the site visit, this information was seen posted in housing units and common inmate areas. The information was also provided to the public in the visitation areas.

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.

ADOC AR 454 (H: Reporting and Investigating Sexual Abuse and Sexual Harassment, 1- Employee Staff Reporting) 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. 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.

ADOC AR454 (K-Retaliation) Retaliation in any form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited. 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. 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. Retaliatory action against an inmate for reporting sexual abuse or for providing information during an investigation is prohibited.

During interviews with a random sample of staff, including medical and mental health staff, it was determined staff were knowledgeable of their duty 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. Staff acknowledged they would immediately report any such information to their immediate supervisor. The auditor was advised that allegations involving sexual abuse would be forwarded to I&I for their review and investigations.

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.

As reflected in ADOC AR454 page 10-11 K.3.—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.

Any inmate that is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action will be taken to protect that inmate. In the past 12 months, there have been no instances where the agency determined an inmate was subject to substantial risk of imminent sexual abuse.

Through interviews with 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 for imminent sexual abuse. A supervisor is called immediately to ensure proper retention and evidence preservation in the case of an actual incident. 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.

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, the I&I will be contacted to take over the investigation if it is criminal in nature.

During the past 12 months, the facility received no allegation that an inmate was abused while confined at another facility.
During the past 12 months, the facility received no allegation of sexual abuse from another facility.

ADOC form 454-G “Reporting to Other Confinement Facilities” is filled out for all occurrences of reports made to other facilities or received from other ADOC 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 Kilby, 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. During the pre-audit, samples of this form were provided to the auditor. These forms include information block to input information regarding who the sending person is (Warden or designee) with date and who received the information (Warden or Designee) with the date, showing an agency head-to-agency head communication within the required time frame.

Through staff interviews, it was determined when Kilby 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. Kilby Correctional Facility would collect statements from any inmate involved who was housed at their facility and forward these statements to the outside facility to be a part of their investigation. The designated points of contact in both instances would be the IPCM and/or Warden. These designated contacts would maintain constant communication with the other agency or investigating bodies in order to assist in any way necessary with the investigation and keep abreast of the progress.

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.

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)

During the past 12 months, there have been 6 allegations that an inmate was sexually abused. Of these allegations, there were 6 times in which the first security staff member to respond to the report separated the alleged victim and abuser and 6 times in which staff were notified within a time period that still allowed for the collection of physical evidence. Of these allegations, there were 6 instances where the first security staff member to respond to the report:

- 1) Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence;
- 2) Requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- 3) Ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

For all six of these incidents the first responder was a non-security staff, and the staff member did request that the alleged victim not take any actions that could destroy any physical evidence and notified security staff.

Through interviews with inmates and staff, it was determined staff have responded promptly to outcries of sexual abuse. Staff know to separate the victim from the abuser as well as how to preserve evidence. Staff are aware to keep information related to sexual abuse investigations confidential. During interviews with staff, most staff did indicate a supervisor would be contacted immediately and would be the responsible party for collection, retention, and storage of any evidence and they would be available at once to perform these tasks.

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:

- h) Ensure that the victim(s), aggressor(s), and witnesses are physically separated;
- i) Protect and preserve the crime scene until appropriate steps can be taken to collect evidence;
- j) Request that the victim not bathe, wash, brush his teeth, eat, drink, smoke, urinate or defecate;
- k) Ensure that the alleged aggressor not bathe, wash, brush his teeth, eat, drink, smoke, urinate or defecate; and
- l) 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.
- m) 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.
- n) As soon as possible first responders shall notify the Shift Commander of the incident and draft an ADOC Form 302-A (Incident Report)

Kilby Correctional Facility SOP V-25 “Coordinated Response” 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 Kilby Correctional Facility.

Through interviews with staff, it was determined the facility follows a statewide DOC coordinated response plan for allegations of sexual abuse that involves a checklist of responsibilities. Part of this plan includes a tool titled “Investigations Mapping”. This tool can be used as a guide for a 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. All staff at Kilby are provided a “First Responder Checklist Card” to keep on their person as a reference when responding to an incident.

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.

XX NOT APPLICABLE

Kilby Correctional Facility/ADOC does not operate under any collective bargaining agreements, therefore this standard does not apply.

During an interview with the Agency Head, the auditor was advised the facility does not operate under any collective bargaining agreements, and there is nothing preventing the agency from restricting a staff member’s contact with an inmate who alleged sexual abuse involving that same staff member.

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.

ADOC AR454 (K-Retaliation) Retaliation in any form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited. 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 utilized for monitoring of staff and inmates.

During the past 12 months, there have been no reported incidents of retaliation that have been reported. During the pre-audit review, documentation was provided showing that monitoring for retaliation will be documented for instances of allegations of sexual abuse and/or harassment. For Kilby Correctional Facility, the designated person responsible for monitoring for retaliation is the Institutional PREA Compliance Manager.

An example was provided for the ADOC Form 454-D “Prison Rape Elimination Act (PREA) Sexual Abuse/Harassment Retaliation Monitoring” indicating this form would be completed for incidents of sexual abuse/harassment.

Through various staff and inmate interviews, it was discovered all allegations of sexual abuse are monitored for a minimum of 90 days. If necessary due to the circumstances, retaliation may be monitored indefinitely in 30-day increments. During the post audit review, several completed 454-D forms were provided for review and clearly shows 90-day monitoring for retaliation being completed.

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.

During an interview with the Warden, the auditor was advised the agency prohibits placing inmates who allege sexual abuse in Involuntary Segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. The Warden advised they would be housed in Involuntary Segregated housing for a short time period, and that a transfer would occur if necessary. As Kilby is the classification center for the ADOC male inmates, transfers would be the most likely means to remedy this. The auditor was advised that within the past 12 months, there has been no occurrence of this.

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.

Since August 20, 2012, there have been no substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

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.

During interviews with investigative staff, it was discovered investigators who investigate sexual abuse in confinement settings are provided training and 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.

ADOC AR 454 (page 22) states Sexual Abuse and Sexual Harassment Investigations: The standard of proof in all investigations of sexual abuse and harassment is a preponderance of the evidence.

Interviews with investigative staff indicate a preponderance of evidence is the evidentiary standard used when determining whether to substantiate allegations of sexual abuse or sexual harassment.

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.

During the past 12 months, there were 7 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency. Of these investigations, there were 7 inmates who were notified of the results of the investigation. During the past 12 months, there were no criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by an outside agency.

Through interviews with various staff and inmates, it was determined I&I is responsible for notifying the inmate, verbally and now in writing with an inmate signature line, as to whether the allegation was substantiated, unsubstantiated, or unfounded. As Kilby Correctional Facility is a classification/intake hub for the ADOC, inmate movements occurs constantly. At the time of the site visit, there were no inmates present whom had alleged a sexual abuse/harassment and received a notice (they had been transferred and were to receive their

notice at the facility they are housed in).

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, the 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.

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 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.

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.

When an allegation is made involving a contractor or volunteer, this person will be removed from contact with the alleged victim pending the outcome of the investigation. If a contractor or volunteer violates procedures, other than by engaging in sexual abuse, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

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.

Through interviews with the Warden, it was determined that any contractor or volunteer suspected of sexual abuse would be removed from the facility and prohibited from contact with inmates pending results of the investigation. Remedial disciplinary measures would be considered for minor policy violations, depending on the circumstances.

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.

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 and may be referred to the psychologist. Known abusers would be added to the mental health staff's case load and would undergo a continuing treatment program that could take several months. Treatment would be ongoing, if determined by the mental health staff to be appropriate.

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.

ADOC AR 454 Intake Procedures: states if the screening indicates that a prison or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health for follow up. Outside counseling services may be approved for alleged or confirmed victims of sexual abuse, and Mental Health Staff shall coordinate with outside crisis services to ensure continuity of care/counseling.

If the screening pursuant to PREA Standard 115.41 indicates an inmate discloses previous victimization in the community to a medical or mental health practitioner at the facility, the inmate has the right to determine how or if medical or mental health practitioners may share that information with other staff and requires that the practitioner obtain informed consent before sharing this information with staff making housing, program, education, and work decisions. All victims/perpetrators are offered mental health services whether or not they occurred in the facility, or prior in the community. Any information related to sexual victimization or abusiveness occurring in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security and management decisions, including housing, bed placement, work, education, and program assignments, or otherwise required by Federal, State, or local law.

During the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

During the past 12 months, 100% of inmates who have previously perpetrated sexual abuse were offered a follow-up meeting with a mental health practitioner.

During the onsite audit, the auditor reviewed a sample of records of both inmates who disclosed prior victimization as well as inmates who have previously perpetrated sexual abuse. The referrals for follow up care for these inmates are documented and usually occur the same day and most certainly within 14 days. This was verified by documents reviewed while on site.

The information related to sexual victimization or abusiveness that occurred in an institutional setting is shared with other staff strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Through various interviews with staff and inmates, the auditor is was satisfied that inmates who disclose victimization and inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with medical and mental health staff and this would occur within 14 days. Medical staff obtained informed consent prior to reporting about prior sex victimization that did not occur in an institutional setting.

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.

ADOC AR 454 (page 18)- Medical and Mental Health Care: 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.

Kilby Correctional Facility utilizes Lighthouse Counseling Center/STAR for victim advocate services and SAFE/SANE examinations.

Through various staff and inmate interviews, it was discovered inmate victims of sexual abuse receive timely and unimpeded access to emergency treatment and crisis intervention services. If the abuse occurred within 72 hours, the inmate would immediately be taken down to medical to receive stabilization treatment and would then be referred to Lighthouse Coounseling Center for a SAFE/SANE exam. Inmates receive treatment based on the medical and/or mental health staff’s professional opinion. Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. These services are provided at no charge to the inmate.

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 at no cost to the inmate. 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.

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.

Corizon Medical (contracted medical provider for Kilby Correctional Facility) provides medical and mental health evaluation and, as appropriate, treatment to any inmate who has been victimized by sexual abuse in the facility contracted for. An MOU is established through Corizon Medical with Lighthouse Counseling Center (ACAR/STAR) to provide continuing victim services for inmates at Kilby Correctional Facility.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate. Inmates will be scheduled to see the psychologist/psychiatrist at the next visit to perform an evaluation for counseling and follow-up for emotional trauma, potential risk of suicide, anxiety disorders, or other mental health problems.

Through various staff and inmate interviews, it was determined medical treatment for sexual abuse victims would include a medical evaluation from one of the medical staff working at the facility. If warranted, the inmate would be taken to the hospital for treatment. If the abuse occurred within 72 hours, physical evidence may still be collected and the inmate would be sent to Lighthouse Counseling Center for an evaluation and evidence collection (SAFE/SANE exam). These services will be provided at no cost to the victim. Mental Health staff would respond and provide treatment normally within the next business day.

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.

ADOC AR 454 (page 20-21) 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 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 the staffing levels in that area during different shifts;
 - (e) Assess whether monitoring technology would 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.

Kilby Correctional Facility has had 7 investigations completed. For all of these investigations, the Facility completed an incident review regardless of the finding. During the post audit period, the auditor was provided with copies of all investigation packets (including investigation summaries, Incident Reviews, Inmate Notifications, and Retaliation Monitoring). Some of these Incident Reviews were conducted outside of the 30 day time frame due to not receiving them in a timely manner from the Investigations Unit (I&I). The I&I Division is currently in the process of modifying procedures in order to provide all information in a timely manner back to a facility upon completion or closing of a case and tracking this information. Through conversations during the audit process, the auditor is confident this will be common practice moving forward and Incident Reviews will not be conducted outside of the 30 day window moving forward..

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 (page 24)

1 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.

Kilby Correctional Facility collects accurate, uniform data for every allegation of sexual abuse at facilities under the Department’s direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The agency aggregates the incident-based sexual abuse data annually. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinements of its inmates.

The agency provides the Department of Justice (DOJ) with data from the previous calendar year upon request. 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.

Kilby 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.

Through various staff interviews, it was determined that sexual abuse data is submitted to the agency on a regular basis. 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. This information is made available to the public and was noted as being posted on the agency website. During the pre-audit, 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.

Kilby Correctional Facility aggregates data annually and provides the information to the Alabama Department of Corrections and the Department of Justice. This data is saved for a period of ten years and then destroyed. No personal identifiers may be divulged to the public in any report, unless through Court order.

Through various staff interviews, it was determined sexual abuse data is submitted to the agency regularly. 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.

William Boehnemann

August 26, 2016

Auditor Signature

Date