

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** September 22, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> William Boehnemann			
<b>Address:</b> PO Box 552 Richmond, TX 77406			
<b>Email:</b> William@preaauditing.com			
<b>Telephone number:</b> 281-633-1948			
<b>Date of facility visit:</b> May 23-25, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Limestone Correctional Facility			
<b>Facility physical address:</b> 28779 Nick Davis Road -- Harvest, AL 35749			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 256-233-4600			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Christopher Gordy, Warden III			
<b>Number of staff assigned to the facility in the last 12 months:</b> 318			
<b>Designed facility capacity:</b> 2532			
<b>Current population of facility:</b> 2185			
<b>Facility security levels/inmate custody levels:</b> Security level 5/ custody levels 5,4,2,1			
<b>Age range of the population:</b> 18-86			
<b>Name of PREA Compliance Manager:</b> Michael J. Coady		<b>Title:</b> Lieutenant	
<b>Email address:</b> Michael.coady@doc.alabama.gov		<b>Telephone number:</b> 256-233-4600 (x630)	
<b>Agency Information</b>			
<b>Name of agency:</b> Alabama Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 101 South Union Street Montgomery, AL 36130			
<b>Mailing address:</b> <i>(if different from above)</i> 301 South Ripley Street P.O. Box 301501 Montgomery, AL 36130			
<b>Telephone number:</b> 334-353-3883			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Jefferson Dunn		<b>Title:</b> ADOC Commissioner	
<b>Email address:</b> Jefferson.Dunn@DOC.Alabama.gov		<b>Telephone number:</b> 334-353-3383	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Christy Vincent		<b>Title:</b> ADOC PREA Director	
<b>Email address:</b> Christy.Vincent@DOC.Alabama.gov		<b>Telephone number:</b> 334-850-6602	

## **AUDIT FINDINGS**

### **NARRATIVE**

A Prison Rape Elimination Act Audit of Limestone Correctional Facility was conducted from May 23, 2016 to May 25, 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 pre-audit document reviews, the onsite tour, staff and inmate interviews, and additional document review while on site.

An entrance meeting was held May 23, 2016 the first morning of the onsite audit with Warden Gordy; Warden Patrick; Institutional PREA Compliance Manager, Lieutenant M. Coady; and the audit team.

The audit team wishes to extend its appreciation to Warden Gordy and his 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 Coordinator Christy Vincent and PREA Compliance Manager Lieutenant Michael Coady for their hard work and dedication to ensure the facility is compliant 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, segregated housing units, control centers, intake area, medical services and infirmary, officer dining room, kitchen, maintenance area, library, chapel, classrooms, barber shop, commissary/sandwich line, laundry, administrative offices, farm house, trade school (welding, horticulture, electrical shop), woodcraft, gym, leather shop, and visitation areas. During the tour, several informal interviews were conducted with inmates and staff throughout the facility.

A total of 37 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 both shifts (12 hour shifts).

A total of 34 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).

A telephone interview was conducted with the SAFE/SANE staff from Crisis Services of North Alabama.

The count on the first day of the audit was 2,237. The count on the final day of the audit was 2,242

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 March 7, 2016 and posted by April 10, 2016 (allowing for at least 6 weeks of notification for the audit). The notification contained information on the upcoming audit and stated that any inmate with pertinent information should send a letter containing this information to the auditor at least 10 days prior to the on site audit date. Prior to the site visit, correspondence was received by the auditor from four inmates incarcerated in Ventress 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, which was received on April 12, 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 audit team discussed their concerns with the Agency PREA Coordinator and Institutional PREA Compliance Manager. During the site visit, the audit team conducted several informal interviews with inmates and staff during the tour of the facility. Both formal and informal interviews revealed a good general knowledge of PREA, the facility's policies/procedures, and the retention of training by both staff and inmates that were spoken to.

When the audit was completed, the audit team conducted an exit briefing on May 25, 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 Gordy, Warden Patrick, IPCM Liuetenant Coady. Joining the exit briefing via conference call were PREA Director Christy Vincent, I&I Director Arnaldo Mercado, Regional Institutional Coordinator Cheryl Price, and Associate Commissioner of Operations Grant Culliver.

## DESCRIPTION OF FACILITY CHARACTERISTICS

In 1983, 1157 acres were bought in Limestone County Alabama, 96 acres is used for Security Area. Initial construction costs totaled approximately twenty-two (22) millions dollars. In 1984 Limestone Correctional Facility opened as a Medium Security Level IV Facility. Six (6) dormitories were built and designed to house 874 inmates. The initial transfer of inmate to this facility took place while construction was still under way. In 1985, John C. Calhoun Community Technical College became a part of Limestone Correctional Facility to instruct inmates in various trades such as: Construction Horticulture, Drafting, Welding, Auto Body and Adult Basic Education. In 1986 Limestone Correctional Facility was designated the facility for Male inmates who had tested positive for HIV/AIDS. These inmates were housed in the Special Unit. In 1991, A General library was placed into operation, which provides a variety of reading material. In 1995, The community Custody Dormitory (now the Honor Dormitory) was converted to a Chain Gang Operation and was the 1<sup>st</sup> facility designated for this type operation in over half of century. The Chain Gang Operation attracted large media coverage both locally and worldwide. In 1997, the Drug Treatment Program and known as S.A. P. (Substance Abuse Program) begin at LCF. In 2008, Dormitory F opened. The departments only designed Pre-Release Program. The Pre-Release Program is designed to facilitate an inmates' return to society, giving him the necessary skills to make a smooth transition to the work force. This dormitory has 300 beds. In 2010, The Special Housing Unit reached a capacity of 228 inmates. In 2013, Special Housing Unit closed. In 2014, all the inmates in the Special Housing Unit were released into the population of the facility.

Currently, the security operation consists of 267 Officers and Supervisors. There are approximately 56 Support Personnel who work in the areas as diverse as Maintenance, Vehicle Repair, Laundry and Food Service Operations, Classification and Records, Clerical, Communication and religious activities and assist the Correctional Officers. Payroll cost exceeds twelve (12) million dollars per year.

Limestone Correctional Facility has exceeded its authorized inmate capacity for years. Currently, the facility has a capacity of 2207 and a total physical population of 2532 as of today.

Number of acres inside the perimeter: 96

Number of acres outside the perimeter: 1061

Number of Operational Structures: 20

Number of Housing Unit: 12 including Health Care

**Special Features:** S.A.P., Population, Behavior Modification, Segregation, Pre-Release, Honor Dormitory, Health Care Unit, Mental Health and Behavior Modification and Life Skills.

**Academic and Vocational Education:** Construction, Horticulture, Drafting, Welding, Electrical, Carpentry, Masonry and GED Program

**S.A. P,** Co- Occurring Program, and After Care Programs

**Behavior Modification and Life Skill programs:** Anger Management, Stress Management, Self-Concept, Personal Development, Depression, Reality Therapy, Leadership Skills, Value Clarification.

**Mental Health:** Dual Diagnosis Groups and Individual assessment: Coping with Incarceration, Life after Release, Anxiety, Forgiveness, Self Esteem, Taking a Chance on Change

**Pre-Release Courses:** A.B.E., Anger Management, Art Therapy, Book Club, CDL Class, Christians Against Substance Abuse, Driver Improvement Course, Financial Peace, Financial Management, Foundation's for Life, Houses of Healing, Life's Healing Choices: From Celebrate R, New Life Behavior, Orientation, Parole Dunk, Parole Dunk Orientation, Purpose Driven Life, Reading for Life 2, Ready to Work, Ready to Work 2, Small Business Start-Up, Starting Over, Stress Management, The Model Man, U-Turn, U-Turn 2, After Care Program

## **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.**

Limestone 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. Limestone Correctional Facility operates under the State of Alabama Department of Corrections (ADOC).

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

Limestone Correctional Facility’s SOP C-31 Section III-D states Institutional PREA Compliance Manager- Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA Standards.

Limestone 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.

Limestone Correctional Facility has designated one of their Lieutenants as the PREA Compliance Manager (IPCM: Institutional PREA Compliance Manager) and he 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 Limestone Correctional Facility shows the IPCM reporting directly to the Facility Warden in its Facility Organizational Chart. A Sergeant at Limestone has 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 has attended specialized training “Institutional PREA Compliance Manager” presented by the Moss Group. The PREA Compliance Manager stated he also has ample time to manage his PREA related responsibilities. 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 (Talladega County) This contract has language specific to complying with PREA Standards as an obligation of the contract. The original contract and the contract renewal were both provided and reviewed during the audit.

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 pre-audit, the contract renewal was submitted to the audit team. The renewal indicated the agreement was current, but did not have language specific to PREA obligations for the facility under contract for housing. During the post audit review, the original contract was provided to the audit team and the original contract did have language specific to this standard and requires the agency under contract to abide by the PREA standards. The language content in the original contract satisfied any concerns the audit team may have had.

### **Standard 115.13 Supervision and monitoring**

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

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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 947.

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.

Limestone Correctional Facility mandates the annual staffing plan in ADOC AR#454 page 42. Limestone 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.

Limestone Correctional Facility also has a facility-specific SOP for PREA Compliance. SOP C-67 is labeled Staffing Plan. This SOP outlines and includes every aspect of this Standard as it is written in the Federal Register.

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. The last approved Staffing Plan was approved in October of 2015. Limestone Correctional Facility has recently completed the Agency Form 454-J in preparation for the next year's Staffing Plan. This form was completed in mid-March 2016.

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 Limestone'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.

During the pre-audit, the auditor was provided with documentation from the PREA Director 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 new 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 the PREA rounds log book from each housing unit. This is a separate log book in which only supervisory unannounced rounds are documented.

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/PREA round log books. 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.

During the onsite tour, the audit team noticed potential blind spots in some of the trade school areas and the inmate restroom in the Kitchen. The auditor was provided information in which the trade school areas have been identified by the Prison and they will be noting this on the annual staffing plan for technology upgrades. During the post audit review, the Warden drafted a MEMO and email guidance for staff to follow regarding making more frequent rounds in the Trade School areas and directing staff to document these rounds in the shift log. The Kitchen and some other doors in the trade school area were modified during the post-audit as well. Photographs were sent to the audit team of these areas during the post audit review and this satisfies any concerns the audit team had for these areas.

### 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)

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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 has been one youthful inmate housed at Limestone Correctional Facility. This inmate was housed in the Health Care Unit and best efforts were made to maintain sight/sound separation. Any time this inmate was out of his housing assignment, he was escorted by security staff. The Facility did meet this standard for the inmate housed for that short period of time. Subsequently, a departmental policy change directed that all youthful inmates would be housed in one facility agency-wide (not Limestone Correctional Facility). Since that time, there has not been another youthful inmate housed at Limestone Correctional Facility. Due to the recent agency-wide directive, no youthful inmates will be housed at Limestone Correctional Facility in the future and this standard will be considered as "NOT APPLICABLE".

### 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)

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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 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.

Limestone SOP #7-7 Searches, Section V-F, 6-11 Searches:

6- Inmates will be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such circumstances shall be preceded by an announcement of the opposite gender being present in the area. (PREA 115.15)

7- Employees shall not conduct cross-gender strip searches or cross-gender visual body cavity searches on inmates except in exigent circumstances or when performed by medical practitioners (PREA 115.15)

8- Shift Commanders shall document on the Shift Log and ADOC Form 302-A: Incident Report, all cross-gender strip searches and cross-gender body cavity searches.

9- Employees shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. (PREA 115.15)

10-All strip searches will be conducted in a professional manner. Privacy will be ensured to the extent security will allow.

11-Strip searches of transgender and intersex inmates will be conducted in a private setting to prevent incidental viewing by other inmates. A supervisor will be present during the search.

During the pre-audit, the auditor was provided documentation verifying employees have received specialized training for conducting cross-gender searches during their quarterly training titled "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".

During the site visit, there was one transgender inmate housed at Limestone Correctional Facility. During the interviews with the transgender inmate, she was able to express that staff treat her professionally, she is allowed to shower separately/by herself, and she feels safe in the environment over-all.

Interviews with random staff indicated some staff are not familiar with policy regarding conducting strip searches on transgender inmates. During the post audit review, the Warden drafted a MEMO outlining policy specific to 115.15 and searches of transgender/intersex inmates. The Warden also required Shift Commanders to collect acknowledgement sheets with staff signatures stating they understand and have read the MEMO. During the post-audit review period, these signature sheets and the MEMO were provided to the auditors as supporting documentation.

Interviews with both staff and inmates indicate when female staff enter the male housing units an announcement is made of their presence (usually by the male staff officer, but sometimes also by the female staff member) and the inmates are rarely naked in full view of the opposite gender staff (when this occurs it appears to be completely accidental and extremely rare).

## **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)

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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 brochures are posted 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, Spanish, and Vietnamese. Signature sheets “Inmate Awareness Acknowledgement” were also provided showing signatures of receipt/acknowledgement from the inmates (all three languages). The auditor was also provided one acknowledgement from a hearing impaired showing he too, had been given the PREA information in a means understandable to him. The TV monitors in the facility also play “PREA: What You Need to Know” (from the National PREA Resource Center) with closed captioning. Limestone Correctional Facility utilizes Google Translate for its translation services. This translation service was used during the site visit to conduct an interview with a Limited English Proficient inmate and a hearing impaired inmate. This translation tool was user friendly, easy to operate, and satisfies requirements set forth in this standard.

The interview with the Agency Head indicates the Prison has access to the TTY phone for the hearing impaired, 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 the TTY machine and verified it as being operational. 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.

### **Standard 115.17 Hiring and promotion decisions**

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

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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, or other correctional 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;
3. has been civilly or administratively adjudicated to have engaged in the activity described above;

All employees, volunteers, and contracted service providers who have inmate contact must have a criminal background completed to determine if the individual had committed or was convicted of crimes of sexual abuse or assault. ADOC makes its best efforts to contact all prior institutional employers in regards to substantial allegations of sexual abuse or any resignation during a period of sexual abuse investigation. Policy states they shall ask potential employers and contractors about previous misconduct described in Paragraph V-A4a above.

Criminal Records Background Checks (CRBC) shall be completed by the Director of Personnel/Designee on all eligible candidates for new 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, rehires. 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.

In the past 12 months, there were two 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 only recently implemented into policy, and the auditor was advised more that 80% 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.).

### **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.**

Limestone Correctional Facility currently has 163 video cameras with a recorded retention capacity of two weeks. There are additional "stand alone" cameras for the towers and perimeter fences.

Limestone Correctional Facility has a specific procedure (SOP C-68: Video Surveillance) providing definitions, outlining responsibilities for the Warden, Captains, Video Surveillance Administrator, Video Surveillance Operator, and the Shift Commanders. All individuals have specific responsibilities to ensure proper functionality, reporting, monitoring, and proper maintenance is conducted. Section V-E states The Video Surveillance System is employed as a tool to prevent incidents and assist in investigations of alleged incidents. 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. When updating the Video Monitoring System or adding additional camers, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

During the pre-audit, the auditor was provided documentation showing that as recently as March 2016, Limestone Correctional Facility added mirrors and ordered/installed additional cameras in order to eliminate blind spots and/or potential blind spots. Some of these recommended items were at the request of the Agency PREA Director as a result of one of her site visits.

During the on-site portion of the audit, the auditor was shown the main control areas and various camera views available. At no time did the auditor notice any camera views that compromised the immediate privacy of any inmate (such as shower stall views, toilet areas, areas to change clothing). 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 facility is responsible for conducting both administrative and criminal investigations. There are 21 employees whom have received specialized training for conducting sexual assault investigations in a confinement setting.

Forensic Medical Examinations are offered at Crisis Services of North Alabama in Huntsville, AL and are conducted by SANEs. There have been four forensic medical exams conducted in the past 12 months, all of which were conducted by SANEs. In the event of a forensic exam or sexual assault, a victim advocate would be provided through the Alabama Coalition Against Rape. Member Rape Crisis Center available for Limestone Correctional Facility is Crisis Services of North Alabama. Contact information for these services are made available to the inmates by posters/flyers in the housing units.

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. During the audit period, the auditor was provided a documented agreement between Limestone Correctional Facility (ADOC) and the following services: Alabama Coalition Against Rape, Crisis Services of North Alabama (SAFE/SANEs and victim advocacy services).

The auditor conducted a phone interview with the SAFE/SANE representative for the hospital and was advised any inmate brought to Crisis Services of North Alabama, and in need of a forensic exam, would receive such exam. The auditor was advised by the SAFE/SANE representative that Crisis Services of North Alabama has two (2) full time trained SAFE examiners, four (4) part-time SAFE examiners. There is always a SAFE/SANE examiner available to conduct forensic examinations through a rotation. Within the last 12 months, there have been four inmates sent to Crisis Services of North Alabama 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 24/7.

Interviews with a random sample of staff indicate the majority of staff remembered receiving training regarding preservation of evidence.

### **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. (AR 454 is published on the agency website)

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.

During the past 12 months, there have been 10 allegations of sexual abuse and/or sexual harassment that were received. Of these, one was referred for administrative investigation. There were nine cases referred for criminal investigations. There was one case pending at the time of the site visit (pending forensics).

The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Interviews indicate all criminal investigations are conducted by I&I. Administrative investigations are conducted by trained facility staff. During the site visit, the auditor reviewed approximately 14 investigations. Both facility Investigators and I&I were involved in conducting the investigations.

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

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

### **Standard 115.31 Employee training**

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

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

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 nonconforming inmates; and
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Again, 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 Limestone Region #04 Training Center. This training is mandatory and all employees having contact with inmates are required to complete the training. In the past 12 months, all 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, update policy/procedure manuals, and/or other means. Employees are required to sign an acknowledgement that 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). Training rosters for the past four calendar quarters were provided during the pre-audit as supporting documentation.

Additionally, the auditor was 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, AL PREA Director and the third party reporting hotline.

Random staff interviews indicate staff had received the required PREA training and are knowledgeable 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 800 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.

During the pre-audit, the auditor was provided with a sample of documentation (Limestone 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. 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).

**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 in 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 copy of the "Limestone Correctional Facility Inmate Orientation (115.33)"- This document is provided to each inmate during orientation and specifically explains the basics of PREA, how and to whom to report. This is a two page document. Inmates are also provided the "Limestone Correctional Facility PREA Inmate Orientation Handout" which goes into a little more detail about the Prison's stance towards sexual abuse/harassment and reporting. All inmates receive this in the orientation packet along with 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.

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, 1349 inmates were admitted and received such information at intake; representing 100% of inmates entering the facility. Of these, approximately 1235 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.

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 and PREA posters, immediately upon intake. All inmates also receive comprehensive PREA education during the inmate's orientation. 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.

#### **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.**

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 have received the training required by agency policy (70 employees). Training logs from Limestone

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. Limestone Correctional Facility also provided curriculum for specialized training titled “PREA Training for Medical and Mental Health Staff”. 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.

Agency medical staff at this facility do not conduct forensic medical examinations. Such examinations are conducted at Crisis Services of North Alabama in Huntsville, AL.

Interviews with the medical and mental health staff indicate they were given the initial 16 hour PREA training and were also provided the additional PREA training more specific to their profession (PREA Training for Medical and Mental Health Staff). Additional handouts, meetings regarding PREA and informational emails are periodically sent out as well.

### **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 auditor was provided with documentation showing the facility has completed 1349 Screenings (ADOC Form 454-C) on inmates within the past 12 months. The initial assessment is conducted by a Classification Specialist. A counselor will then follow up (when necessary) with an initial meeting within 10 days of being classified to the housing unit. During the pre-audit, the audit team was provided with documentation showing the facility has completed 155, 30-day reassessments for those inmates at risk of sexual victimization or for being sexually abusive based on relevant information received since intake. While on site, the audit team requested a spread sheet showing all

inmates whom have received the initial screening and the 30 day reassessment. This documentation revealed that there has been a continuance of the 30 day reassessments being completed. The audit team also requested a follow up spread sheet be provided three weeks after the site visit in order to provide additional supporting documentation to show consistency with the reassessments. This follow-up documentation was provided as requested.

Interviews with the PREA Coordinator and PREA Compliance Manager 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.

### **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. 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 views in respect to his safety is given serious consideration in determining placement and program assignments. A transgender inmate’s placement and programming assignments are reassessed every six months. There was one transgender inmate housed at this facility at the time of the site visit. During an interview, the inmate stated he is allowed to shower separately and feels comfortable in general population, and has been housed in general population the entire time he has been at this prison unit. This inmate also indicated he is/has been treated respectfully by all of the staff.

### **Areas Requiring Corrective Action:**

During interviews with staff, it was discovered that inmates who screen to be a Victim/Potential Victim are housed in the same housing unit (dormitory) as those inmates who score to be a Predator/Potential Predator. The auditor was advised the facility mandates a “three-bunk” separation rule between inmates identified as victims/potential victims and predator/potential predators. This places (or potentially places) identified inmates of these groups within a very close area and presents the opportunity for sexual misconduct to take place between these

identified inmates. The audit team discussed this with the administration and feels that this level of separation does not satisfy the intent of this Standard (115.42(a)-The agency shall use information from the risk screening required by 115.42 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive). Based on this information, as well as a review of the screening instrument which is detailed in 115.41, the auditor raised concerns that the screening instrument may be too broad and does not put a focus on those inmates who have a high likelihood of being a Potential Victim or Potential Predator. The auditor advised that by utilizing the current screening instrument, the overwhelming majority of inmates screened may be identified as one or more of the classifications mentioned above. This makes housing those inmates identified as Victims/Potential Victims separately from those inmates identified as Predators/Potential Predators extremely difficult.

The auditor is requiring the facility develop a system to house Victims/Potential Victims and Predators/Potential Predators in separate housing units (dormitories). The auditor is requiring this due to the fact that the housing units (dormitories) may house more than 200 inmates with one to two staff supervising them (depending on the number of inmates housed). The auditor is concerned that housing Victims/Potential Victims in the same housing unit (dormitory) as Predators/Potential Predators, increases the likelihood of an inmate getting sexually abused and is in violation of this standard.

#### **Additional Information (recommendation)**

The auditor recommends the facility review their risk screening instrument and consider revising the instrument to be less broad, thus having a smaller number of inmates identified as either Potential Victims or Potential Predators. The auditor highly recommends this; however, is not requiring this due to the fact that by definition, the facility is meeting the standard of conducting screenings utilizing an objective screening instrument. While the auditor acknowledges the screening instrument in its current form meets the standard of being an objective screening instrument, the agency is encouraged to revise their screening instrument in order to be able to identify and focus on a smaller number of Potential Victims and Potential Predators and enable appropriate means of separation (separate housing units). Although Potential Victims and Potential Predators are required to be housed separately from one another, they are still permitted to be housed with General Population.

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

In order to meet this standard, the auditor is requiring the facility designate certain housing areas for Victims/Potential Victims and other housing areas for Predators/Potential Predators. Documentation supporting this will need to be provided with signatures and dates (may be in the form of a memo or other directive). In addition, the auditor is requiring the facility to provide a list of all inmates identified as Victim/Potential Victim and Predator/Potential Predator and list their housing assignment. The auditor will review their housing assignments and ensure all Victims/Potential Victims are housed separately from Predators/Potential Predators. The auditor will require this documentation by the 5<sup>th</sup> day of each month until satisfied this standard has been met.

#### **Corrective Action Plan Compliance and Determination**

During the three-month period after the site visit, the Facility and Agency Administration, PREA Director, and Facility Compliance Manager all worked together to gain compliance. Dedicated communication between the Auditor and all parties involved in the Corrective Action Plan was immediately established and continued throughout the Corrective Action Period. During this period, the Agency modified the screening instrument in order to more accurately identify inmates as predator/potential predators and victim/potential victims. As a result of the new screening instrument, the facility reassessed all inmates within the standing population in order to determine if those previously identified as victims, potential victims, predators, or potential predators; were still identified as such. All new arrivals were also being screened utilizing the new instrument. Once all standing population (previously identified inmates) were rescreened, there was a much more manageable group of identified inmates. Housing was designated for predators and potential predators, as well as victims and potential victims. A memo was provided for each of these designated housing directives. Other supporting documentation was provided in the form of lists of identified inmates, current housing unit bed assignment rosters, and a spreadsheet with all identified inmates and their current housing assignment. The auditor was able to use this documentation to determine compliance in meeting the separation between inmates identified as predator/potential predator and victim/potential victim. These groups are not being housed together and the auditor's concerns have been satisfied. Measures are now in place to prevent these groups from being housed in the same housing unit.

#### **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, there has been one instance in which an sexually victimized inmate/at risk inmate was placed in involuntary segregation for one to 24 hours awaiting completion of the assessment. Documentation was provided to the auditor providing a statement for the basis for the facility’s initial concern for the inmate’s safety, and the reason(s) why alternative means of separation could not be arranged.

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.

Through staff and inmate interviews it was determined inmates and staff may make a private report to any supervisor or the PREA Coordinator and Compliance Manager. Inmates are also provided with the mailing address to the Investigations and Intelligence Division 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, 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.

Inmates housed in Limestone 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.**

Information is provided in all housing areas and other locations throughout the prison for inmates/staff to access confidential support services. Information is provided for:

Alabama Coalition Against Rape  
PO Box 4091  
320 Hull St.  
Montgomery, AL 36102  
334-264-0123

Crisis Services of North Alabama  
256-716-4052 (office)  
256-716-1000(crisis line)

Inmate Phones: inmates have a direct two digit number to call from the housing units. (66 to report to outside party—or—91 to report to I&I)

An inmate will be offered the opportunity to talk with a victim advocate and receive continued care when they have been a victim of facility sexual abuse, no matter if they reported the facility sexual abuse immediately or made a delayed disclosure.

During the pre-audit, the auditor was provided with documentation for victim advocate services with Crisis Services of North Alabama. During the tour/site visit, the auditor verified the information being accessible to the inmates by observing the information posted in all housing units and general areas. A representative was contacted from Crisis Services of North Alabama and they indicated they do assist with victim advocacy services for inmates housed at Limestone Correctional Facility and provide the SAFE/SANE exams.

#### **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.**

Limestone 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. Limestone has available to them Crisis Services of North Alabama. 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.

Alabama Coalition Against Rape  
PO Box 4091  
320 Hull St.  
Montgomery, AL 36102  
334-264-0123

Crisis Services of North Alabama  
256-716-4052 (office)  
256-716-1000(crisis line)

ADOC I&I, inmates have a direct two digit number to call from the housing units (91) or (66) for outside party reporting method.

ADOC website ([www.doc.alabama.gov](http://www.doc.alabama.gov)) has available a form to submit for third party reports of sexual abuse/harassment. This is available for public third party reports.

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 throughout the Facility.

### **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. Through interviews with a random sample of staff, as well as interviews with medical and mental health staff, it was determined that all staff have a duty to report any knowledge, suspicion, or information related to sexual abuse or sexual harassment. Staff are also required to report any retaliation towards any inmate or staff for reporting and any staff neglect that may have contributed to an incident or retaliation.

### **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 five instances where the agency determined an inmate was subject to substantial risk of imminent sexual abuse. In each instance, action was taken immediately upon learning of the information, in order to ensure the safety and security of the inmate.

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 notes would be entered in the computer (IPCM spreadsheet) 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 one allegation that an inmate was abused while confined at another facility. During the past 12 months, the facility received no allegations of sexual abuse from another facility.

ADOC form 454-G “Reporting to Other Confinement Facilities” was filled out and provided to the audit team during the pre-audit for the one allegation stated above. This form is filled out for all occurrences of reports made to other facilities. The form includes the name of the facility receiving the allegation, the name of the facility in which the alleged incident occurred, date/time the allegation was received by Limestone, the date/time the allegation was forwarded to the other facility, who reported the allegation, who received the allegation, and whether or not an investigative agency was notified.

Through staff interviews, it was determined when Limestone 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. Limestone 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. 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 the Warden 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 9 allegations that an inmate was sexually abused. Of these allegations, there were 9 times in which the first security staff member to respond to the report separated the alleged victim and abuser and 8 times in which staff were notified within a time period that still allowed for the collection of physical evidence. Of these allegations, there were 8 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.

There was one instance in which 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. Security Staff are provided a "PREA Immediate Response Card" in the form of a pocket card to keep with them in order to have a readily available reference in order to ensure first responder duties are handled properly for an incident of sexual abuse/harassment. Several staff members (security, volunteers, and contractors) displayed this card to the audit team during interviews. 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)

Limestone Correctional Facility SOP C-69 “Inmate Sexual Abuse 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 Limestone 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 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.

**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

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

During the Agency Head (Designee) interview, the Designee confirmed Limestone Correctional Facility does not operate under any collective bargaining agreements.

### Standard 115.67 Agency protection against retaliation

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

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

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 Limestone Correctional Facility, the designated person responsible for monitoring for retaliation is the Institution PREA Compliance Manager.

Samples were provided for the ADOC Form 454-D "Prison Rape Elimination Act (PREA) Sexual Abuse/Harassment Retaliation Monitoring" indicating this form is also consistently being completed for incidents of sexual abuse/harassment.

For each incident, the IPCM for Limestone Correctional Facility drafts a "Memorandum for Record" for the inmate to sign. This document references the incident number, date of the meeting, and how the inmate can report any retaliation or perceived threats of retaliation. This form also indicates whether or not the inmate has been the subject of any retaliation up to the time of this meeting. Both the IPCM and the inmate sign the document and it is retained in the incident file. This document is drafted and signed each month during the 90 day monitoring period. During the pre-audit review period, several of these forms were provided showing a consistency with monitoring for retaliation. The sample documents indicated when an inmate has not experienced any form of retaliation, and when the inmate did feel as though he was being retaliated against. There were hand written notes/comments added to the document during the meeting and prior to the inmate signing the document if the inmate felt as though he were being retaliated against.

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.

### 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.

Through interviews with staff, it was discovered if an inmate were to be placed in involuntary segregated housing for any reason, they would still have access to programs, privileges, education, and work opportunities to the extent possible. If any activities are restricted, the staff would document the opportunities limited, the duration of the limitation, and the reason for the limitation. There are no documented instances of housing an inmate in involuntary segregated housing that has suffered sexual abuse or is a potential victim.

### **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.

Since August 20, 2012, there have been three substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment

for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

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

Through staff interviews, it was determined the Warden/IPCM would be informed on the progress of any investigations conducted by the I&I Division. They would receive this information by regular correspondence via phone and/or email. Investigators have received specialized training for conducting sexual abuse investigations in confinement settings. Training topics included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. Investigations into allegations of sexual abuse or sexual harassment occur immediately upon receipt of such information. If the sexual abuse occurred within 72 hours, the alleged victim would be transported to Crisis Services of North Alabama in Huntsville, AL for a SAFE/SANE examination. Criminal investigations would be forwarded to the I&I Division for investigation and forwarded to the local District Attorney's Office with a request for prosecution if deemed necessary and evidence supports criminal charges. Investigations continue, even if the staff member terminates employment or the inmate transfers to another facility. Both administrative and criminal investigations would be documented in investigation reports.

### **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 9 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency. Of these investigations, there were 4 inmates who were notified of the results of the investigation. The notifications were documented. 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. Inmates interviewed (specifically those whom had alleged a sexual abuse/harassment) indicated they did not remember, or stated they have not been informed of the results of the investigation.

#### **Areas Requiring Corrective Action:**

During the site visit, the audit team reviewed three completed investigations that did not have a documented notification to the inmate. The notification did not state a finding of unfounded, unsubstantiated, or substantiated to indicate the results of the investigation. Several other older investigation summaries were reviewed during the site visit and the notifications were not being completed as stated in the standards. This appears to be a breakdown in facility/agency procedure and the audit team requires a period of corrective action in order to meet this standard. During the post audit review, four notifications to inmates were provided. Two were dated May 25. One is still open and the second stated "closed with an exceptional clearance" (signed waiver of prosecution). Two others were from April and they both advised the inmate that their cases have been presented to the Grand Jury for consideration of prosecution.

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

1-for any current case that is still open, provide written documentation of inmate notification in a timely manner once the case is closed. The notification must indicate "unsubstantiated, substantiated, or unfounded".

2-each month during the corrective action period, submit documentation of any other inmate notifications (for closed cases) or documentation stating there were no cases closed requiring inmate notifications during that month. This document shall be submitted to the audit team by the 5<sup>th</sup> day of each month during the corrective action period.

#### **Corrective Action Plan Compliance and Determination**

During the three-month period after the site visit, the Facility and Agency Administration, PREA Director, and Facility Compliance Manager all worked together to gain compliance. Dedicated communication between the Auditor and all parties involved in the Corrective Action Plan was immediately established and continued throughout the Corrective Action Period. During this period, there were several investigations that were closed. Inmate notifications were sent to the Facility from the I&I Division in a timely manner and the Facility provided this notification to the inmate at that time. The inmate provided a signature for receipt, and a copy was provided to the inmate. The auditor is satisfied this is now a working procedure, and no further corrective action is necessary.

#### **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 the 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.

During the past 12 months, there have not been any contractors or volunteers reported to law enforcement 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.**

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.

### **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 occur in a timely manner.

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. 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 too 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.

Limestone Correctional Facility utilizes Crisis Services of North Alabama in Huntsville, Al 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 Crisis Services of North Alabama 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.

### **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 Limestone 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 Crisis Services of North Alabama to provide continuing victim services for inmates at Limestone 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 Registered Nurses 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 Crisis Services of North Alabama 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 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.

### Areas Requiring Corrective Action:

During the past 12 months, there have been 6 criminal and/or administrative investigations of alleged sexual abuse completed at the facility. While onsite, the audit team reviewed a sample of these investigations and the incident reviews that were documented. It was noticed that these incident reviews were conducted outside of the 30-day time frame required under this Standard. The investigations reviewed did not reflect a “date closed”, rather a “Date of Report”. This indicates a breakdown in facility/agency procedure and the audit team requires a period of corrective action in order to meet this Standard.

### Corrective Action Plan:

For all investigations conducted, there will be a “date closed” indicated on the summary report. As soon as the case is closed, the findings shall be forwarded to the facility IPCM so that he can schedule and prepare for the incident review so that the review will be conducted within the 30-day window after the case is closed. This incident review will be conducted regardless of whether-or-not the inmate is housed in the facility at the time of the incident review (this has no bearing on the incident review being conducted) . The IPCM will submit to the audit team, by the 5<sup>th</sup> day of each month during the corrective action period, all examples of incident reviews and corresponding investigation summaries indicating the date the investigation was closed. This will allow the auditor to have documents to compare the date closed and the incident review date for each case/incident. If no investigation summaries are provided from I&I, or no incident reviews are conducted; this information shall also be provided in the form of a Memo to the auditor by the 5<sup>th</sup> day of each month during the corrective action period. The time period of corrective action period will be determined based upon sufficient documentation provided to satisfy the auditor’s concerns.

### Corrective Action Plan Compliance and Determination

During the three-month period after the site visit, the Facility and Agency Administration, PREA Director, and Facility Compliance Manager all worked together to gain compliance. Dedicated communication between the Auditor and all parties involved in the Corrective Action Plan was immediately established and continued throughout the Corrective Action Period. During this period, several investigations were completed. Documentation was provided in the form of the Investigation summaries, Incident Reviews, Mental Health Referrals, and Inmate Notifications. Time frames were in accordance with mandates within the standards, thus satisfying the Auditor’s concerns.

### 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.

Limestone 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.

### **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.**

Limestone 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 and site visit, the ADOC website was in the process of upgrades in order to satisfy the requirements under this standard. Prior to submission of this report, the agency website (<http://www.doc.alabama.gov/>) was verified as containing the information required to be in compliance with this standard.

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

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

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

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.

Limestone 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

September 22, 2016

Auditor Signature

Date