

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: October 12, 2016

Auditor Information			
Auditor name: Jeff Kovar			
Address: P.O. Box 552 Richmond, TX 77406			
Email: Jeff@preaauditing.com			
Telephone number: 832-833-9126			
Date of facility visit: June 3-4, 2016			
Facility Information			
Facility name: Staton Correctional Facility			
Facility physical address: 2690 Marion Spillway, Elmore, AL 36025			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 334-567-2221			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Leeposey Daniels			
Number of staff assigned to the facility in the last 12 months: 122			
Designed facility capacity: 850			
Current population of facility: 1,381			
Facility security levels/inmate custody levels: Level 4			
Age range of the population: 18-77			
Name of PREA Compliance Manager: Vencini S. Smith		Title: Correctional Lieutenant	
Email address: vencini.smith@doc.alabama.gov		Telephone number: 334-567-2221	
Agency Information			
Name of agency: Alabama Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Alabama			
Physical address: 301 Ripley Street, Montgomery, AL 36130-1501			
Mailing address: <i>(if different from above)</i> P.O. Box 301501 Montgomery, AL 36130-1501			
Telephone number: 334-353-3883			
Agency Chief Executive Officer			
Name: Jefferson S. Dunn		Title: Commissioner	
Email address: Jefferson.Dunn@doc.alabama.gov		Telephone number: 334-353-3870	
Agency-Wide PREA Coordinator			
Name: Christy.Vincent@doc.alabama.gov		Title: PREA Director	
Email address: Christy.Vincent@doc.alabama.gov		Telephone number: 334-353-2501	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of Staton Correctional Facility was conducted from June 3, 2016 to June 4, 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 William Boehnemann assisted with the document review, facility tour, and staff and inmate interviews.

The auditor wishes to extend its appreciation to Warden Daniels 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 auditor would also like to recognize PREA Director Christy Vincent, PREA Compliance Manager- Lieutenant Vencini Smith, and Back-up PREA Compliance Manager- Lieutenant Charmelle Luckie for their hard work and dedication to ensure the facility is compliant with all PREA standards.

The auditor provided the facility with a Notification of Audit on March 3, 2016. The notification contained information on the upcoming audit and stated that any inmate with pertinent information should send a letter containing this information to the auditor at least 10 days prior to the onsite audit date, June 3, 2016. The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility. Prior to the onsite audit, the auditor did not receive any letters from inmates at the facility.

Approximately six weeks prior to the onsite audit, the Agency sent the auditor a flash drive containing all relevant documentation pertaining to the audit, including, but not limited to: the pre-audit questionnaire, policies, procedures, MOUs, and training documents. Over the next three weeks, the auditor reviewed the questionnaire and all relevant documentation. Prior to the onsite audit, the auditor provided the facility with follow-up questions based on his review of the pre-audit questionnaire.

An entrance meeting was held the morning of the onsite audit with the following persons: Warden Leeposey Daniels, PREA Director-Christy Vincent, and Back-Up PREA Compliance Manager- Lieutenant Charmelle Luckie. The auditor was advised the PREA Compliance Manager was on military leave; therefore, all interviews pertaining to the PREA Compliance Manager were conducted with the Back-up PREA Compliance Manager, Lieutenant Charmelle Luckie.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including: all general population housing units, kitchen, inmate dining room, trash area, medical, medical observation unit, religious yards, drug treatment program building, mental health office building, back gate and back gate office, shakedown area, chapel, canteen and snack line, recreation yards, inmate barber shop, supervisor offices, visitation, and laundry.

A total of 31 staff interviews were conducted, with at least one staff member interviewed from each interview category, with the exception of the interviews related to educational staff who supervise youthful inmates, line staff who supervise youthful inmates, staff who supervise inmates in segregated housing (facility does not have segregated housing) and 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 day and night shift (the facility operates on 12 hour shifts).

A total of 38 inmate interviews were conducted, with at least one inmate interviewed from each interview category, with the exception of the interviews related to youthful inmates and inmates placed in segregated housing for risk of sexual victimization (these interview types were not applicable to this facility).

All interviews were conducted one at a time in a private and confidential manner.

Telephone interviews were conducted with the Agency Head, Agency Contract Administrator, PREA Director, Investigative Staff, and the SAFE/SANE staff.

The count on the first day of the audit was 1,383. The count on the final day of the audit was 1,385.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed his concerns with Back-up PREA Compliance Manager- Lieutenant Charmelle Luckie. Many concerns were addressed to the auditor's satisfaction prior to the completion of the Final Report.

When the audit was completed, the auditor conducted an exit briefing on June 4, 2016. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

After the onsite audit, the utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each PREA Audit Report

standard, and created an Interim Report documenting the facility's compliance. In order to determine compliance, the auditor used the information and documentation provided during the pre-audit, information obtained through inmate and staff interviews, as well as visual observations during the facility tour.

DESCRIPTION OF FACILITY CHARACTERISTICS

Staton Correctional Facility was opened in June 1978. The institution is located on Highway 143, approximately 12 miles west of Wetumpka in Elmore County. The area covered by the facility is approximately 1/10 miles, surrounded by a single chain link fence, secured by three watchtowers. Four identical dormitories designated A, B, C, and D each having a capacity of 102 inmates were prefabricated concrete slabs which were assembled on the grounds. One other building was assembled for administration, messing, laundry, religious service and the like. A 48-bed infirmary was built between the Staton compound and the Draper compound. In addition to treating illnesses and injuries, this infirmary also served as a dormitory for aged and infirmed inmates who needed near-constant attention.

Staton Correctional Facility is a male, adult facility with a capacity of 1,376 general population. A 12-foot chain link fence surrounds Staton. The external fence was originally designed with razor wire installed and on top of the fence and three guard towers to enhance the perimeter security.

From the beginning, inmates were screened by the Staff Psychologist and Social Services upon their arrival and were placed into the dormitories for the most satisfactory living conditions. D dormitory was designed to house those inmates who had limited education or learning disabilities and required closer supervision. Efforts were made to assign the best-qualified officers to that particular dormitory.

At first, the appointed Director had his office at Staton. He supervised the Wardens at both Staton and Draper Correctional Centers. This was changed in September 1979 when Warden Walter T. Capps of Staton became directly subordinate to the Commissioner of Corrections.

In February 1980, the infirmary A & I ward was closed in favor of a small infirmary and the building became a minimum custody dormitory with a capacity of 53 inmates. This became E Dormitory. These inmates enjoyed a greater degree of freedom and usually served as tractor drivers or manned the greenhouse, chicken house, or other facilities where they were entrusted with a minimum amount of supervision.

In September 1980, a new food processing facility was added which is connected to the Staton compound by a sally port. At the peak of farm production, this facility utilized up to three shifts of approximately 33 inmates each. It had the capability of canning or freezing essentially all farm products.

In July 1981, a new trailer unit was added to the compound. The trailer unit had four identical bays, each with a capacity of 25 inmates.

In October 1981, a new Annex was opened approximately one mile from the Staton main compound. It was assembled from five identical modular units, each with a capacity of 100 inmates. It was surrounded by a double link fence and secured by six watchtowers. The Annex had two additional buildings; one for Administration and the other for messing, visiting, religious services and educational classes. The Annex was a medium security facility with the Warden at Staton Correctional Facility supervising both facilities. The Assistant Warden at each facility assisted him.

In October 1986, Staton Annex was designated a separate facility and was appointed a Warden. The facility was named Elmore Correctional Facility.

In June 1989, Staton added a new dormitory with a capacity of 168 inmates. The new dormitory was designated E Dormitory. The previous E Dormitory was designated H Dormitory for Honor Dorm. The new dormitory addition raised the official capacity of Staton to 641.

In 1997, a complex garden project was organized to provide fresh produce for all centrally located institutions.

In April 1998, a shakedown shack was constructed at the back gate sally port to search inmates arriving and departing the facility.

Staton presently provides emergency medical care and an observational unit for nearby Draper, Elmore, and Frank Lee. Additionally, Staton offers educational/vocational courses for ABE, college classes, literacy programs, auto body and heavy equipment repair, upholstery, welding, horticulture, barbering and commercial food service. Staton also has a law library, a regular library, staff psychologist for counseling, and substance abuse treatment programs.

On January 8, 2008 construction began on the new kitchen.

On January 4, 2010, the new Kitchen at Staton Correctional Facility was opened. They begin by serving lunch as their first official meal in the new kitchen. With the coordination of security and the kitchen staff, lunch and dinner was served with success. The dining area is set to feed 204 inmates at a time, which allows them to serve an entire dorm at once. On August 20, 2010 the new kitchen and dining facility was designated to a past pioneer of the ADOC food service division. The dining facility was named the Paul L. Watson Dining Facility.

Currently, the facility has six general population housing units plus an infirmary housing unit. All housing units are open bay/dormitories.

SUMMARY OF AUDIT FINDINGS

On July 2, 2016, an Interim Report was sent to the facility documenting two standards that were listed as not meeting standards. These standards were 115.41 and 115.42. The auditor worked with the facility to develop a Corrective Action Plan for compliance. During the Corrective Action period the auditor requested and was provided with additional documentation supporting compliance with these standards.

On October 12, 2016, the auditor provided the facility with their PREA Audit Final Audit report.

After reviewing all information provided during the pre-audit and onsite audit, staff and inmate interviews, visual observations made by the auditor during the facility tour, as well as documentation provided during the Corrective Action period, 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.

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

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

Staton Correctional Facility has a PREA Compliance Manager that works with the PREA Director to oversee the facility’s compliance with all PREA standards. The PREA Compliance Manager holds the rank of Correctional Lieutenant and reports directly to the Warden. In addition, each facility has a Back-up PREA Compliance Manager. During the site visit, the PREA Compliance Manager was on military leave, so all interviews pertaining to the PREA Compliance Manager were conducted with the Back-up PREA Compliance Manager.

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

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

While on-site, the auditor learned of multiple agency staff members who are Department of Justice Certified PREA Auditors and another staff member whom is scheduled to attend the next session of DOJ PREA Auditor Certification (Beginning in June). The audit of this facility allowed the auditor a first hand and real time observance of how the “Back-up” IPCM process works. The facility’s IPCM was out on Military Leave and there was no break or lapse in the duties designated to the IPCM that was not able to be covered by the Back-up IPCM.

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.

Alabama Department of Corrections has one contract with another entity (Talladega County Jail) for the confinement of their inmates.

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

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

Standard 115.13 Supervision and monitoring

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

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

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

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

The staffing plan was most recently reviewed on March 11, 2016. The review plan consists of a breakdown of the minimum number of personnel required per shift, as well as their positions. The staffing plan was predicated on an average daily population of 1,381 inmates; which is the average daily number of inmates housed over the past 12 months.

The facility has not deviated from the staffing plan within the past 12 months. The auditor was advised the facility uses voluntary and mandatory overtime to fill vacant positions.

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

The auditor was provided with documentation of unannounced supervisor rounds. According to the documentation provided, unannounced supervisor rounds began in September 2015.

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

During interviews with the Warden, the auditor was advised the facility reviews its staffing plan annually. In addition, the agency sends staff to the facility to tour the facility and make their own recommendations for staffing. Staffing levels are reviewed to determine adequate staffing levels. Administrative staff will tour the facility and try to identify and eliminate any potential blind spots. The facility currently has a video plan that has been submitted to the Agency for their review. The auditor was advised the Warden, PREA Director, PREA Compliance Manager, as well as other administrative staff, have input in the staffing plan. This review consists of an assessment of the following:

- a. Generally accepted detention and correctional practices;
- b. Any judicial findings of inadequacy;
- c. Any findings of inadequacy from federal investigative agencies;
- d. Any findings of inadequacy from internal or external oversight bodies;
- e. All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);
- f. The composition of the inmate population;
- g. The number and placement of supervisory staff;
- h. Institution programs occurring on a particular shift;
- i. Any applicable state or local laws, regulations, or standards;
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.
- k. Any other relevant factors.

During interviews with the PREA Director, she confirmed she reviews the staffing plan annually.

During interviews with intermediate and intermediate and higher-level facility staff, it was discovered supervisors conduct unannounced rounds. These rounds are documented in the Duty Post Log. Typically, supervisors conduct these rounds multiple times each week. Unannounced rounds are conducted on both day and night shift. Staff are made aware not to alert other staff that the rounds are being made. Supervisors make rounds randomly and use different routes when making the rounds.

Standard 115.14 Youthful inmates

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

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

XX NOT APPLICABLE

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

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

Standard 115.15 Limits to cross-gender viewing and searches

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

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

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

Employees/staff members shall document on the shift log and ADOC Form 302-A, Incident Report, all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of female inmates. The institution shall give justification on ADOC Form 302-A as to what exigent circumstances prompted the search.

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

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

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

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

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

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

During interviews with random staff, multiple staff indicated they had not received any training specific to conducting cross-gender searches, as well as searches of transgender and intersex inmates. Prior to the completion of the final report, the auditor was providing with a training memo sent to all staff outlining the agency’s policy on cross-gender searches and searches of transgender and intersex inmates. In addition, the auditor was provided with staff signature logs documenting their receipt and understanding of this information.

During interviews with random staff, staff indicated an announcement of “female on the floor” would be given anytime a female staff member entered a housing unit, and the inmates would be afforded the opportunity to cover up. Staff also acknowledged inmates are able to shower, get dressed, and use the restroom without being viewed by female staff.

During interviews with random inmates, multiple inmates indicated the announcement of female staff in the housing unit occurs inconsistently. For this reason, the auditor requested the facility provide refresher training to their staff. Prior to the completion of the final report, the auditor was provided with a memo to all staff advising them that whenever a female staff enters the housing unit, staff are required to announce their presence. In addition, the auditor was provided with staff signature logs documenting receipt and understanding of this information. Inmates acknowledged female staff rarely see them in a state of undress.

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

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

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

Alabama DOC Policy 454 states all inmates shall:

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

If there were exigent circumstances requiring an inmate interpreter to be used, the facility would document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

During the pre-audit, the auditor was provided with a memo dated August 11, 2015, which states:

To support inmates with limited English proficiency, Staton has:

Made an audio recording of the PREA video and uses closed caption in other commonly spoken languages, in which inmates will be able to listen to.

Translate all other written materials into other languages that are commonly spoken and understood by inmates at the facility.

Inmate interpreters are prohibited at the facility. Inmate readers and other types assistants are used in limited circumstances.

Ensure that facilitators are aware of available interpretation services; Alabama Coalition Against Rape (ACAR).

To support inmates who are deaf or hard of hearing, Staton has:

Provided a copy of the video script or a handout that summarizes key points. The video has close captioned.

Ensure that facilitators are aware of available interpretation services; Alabama Coalition Against Rape (ACAR).

To support inmates who are visually impaired, Staton has:

Provided an opportunity for inmates to listen to the video more than once.

To support inmates who are developmentally disabled, Staton will:

Provide a handout covering the basic concepts in just a few points, such as:

*If a person touches you in a way that you do not like, report it to a staff member.

*If that ever happens, you can call (91) to talk to someone.

Staton reaches inmates with mental illness, by consulting with mental health staff on how to provide education to inmates with mental illness.

If an inmate is intoxicated, it is likely that he will not understand the material presented at an intake education session. In these cases, the facility will have the person attend the session after he is stabilized.

Facilitators play a key role in ensuring that all inmates understand and can assess the information.

During sessions, facilitators check to see if any inmates with physical or cognitive impairments are able to follow the video and handouts. If an inmate appears to be struggling to keep up with the material, the facilitator will offer the appropriate support.

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

The interview with the Agency Head (Designee) indicates the prisons have access to the TTY phone for the hearing impaired. ADOC also has in place an MOU with Alabama Institute for the Deaf and Blind for assisting in communications with deaf and blind inmates if the need arises. Staton Correctional Facility utilizes Google Translate Services (<https://translate.google.com>) and uses a microphone thus, giving instant translation services for any language. Handouts and inmate handbooks in both English and Spanish are provided to inmates. PREA posters are also available in both English and Spanish.

The auditor interviewed a Spanish speaking inmate using Google Translate Services. The auditor was able to communicate effectively with this inmate. This inmate acknowledged that he saw a video about sexual abuse at the facility. The inmate advised he is aware of the agency's zero tolerance policy and is aware of how to report sexual abuse.

During interviews with a random sample of inmates, it was discovered multiple staff were unaware of the agency policy prohibiting the use of inmate translators during sexual abuse investigations. Prior to the completion of the final report, the auditor was provided with a training memo sent to all staff outlining this policy. In addition, the auditor was provided with signature logs documenting staff have received and understand this information.

Standard 115.17 Hiring and promotion decisions

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

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

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

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

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

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

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

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

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

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

In the past 12 months, 100% of all employees and contractors who were hired who may have contact with inmates went through a criminal background records check.

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

During the site visit, the auditor had concerns with the wording required in questions outlined in this standard not being met with the current application/forms utilized by ADOC. In discussions between the auditor, the Personnel Director and PREA Director the following additions/modifications were requested to be made:

Specifically, to have these three following questions asked during the hiring process or any promotional process:

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

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

Standard 115.18 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

During the pre-audit, the auditor was advised the facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012.

During the pre-audit, the auditor was advised the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

During an interview with the Agency Head, the auditor was advised that when designing, acquiring, or planning substantial modifications to facilities, the agency looks at the effects of the design and planned modifications. The agency looks to ensure they are making their best efforts to eliminate blind spots. The agency also reviews their staffing in order to ensure they have adequate staffing to protect inmates from sexual abuse. Those facilities that have camera technology would have their cameras positioned in a manner to eliminate blind spots.

During an interview with the Warden, the auditor was advised the facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012. In addition, the Warden advised the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

During the audit tour, the audit team discovered the inmate restroom in the kitchen was left unsecured and created a potential blind spot. The audit team recommended the facility keep the door secured when not in use. Prior to the completion of the final report, the auditor was provided with a memo directing all staff to keep this door secure when not in use. If an inmate were to need to use this restroom, the Kitchen Rover would unlock the door and secure the door once the inmate was finished using the restroom.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The agency/facility is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol based on the most recent edition of the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The facility offers all inmates who experience sexual abuse access to forensic medical examinations off-site by Lighthouse Counseling Centers/STAR. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

There have been three forensic medical examinations conducted during the past 12 months. These examinations were performed by a SANE/SAFE at Lighthouse Counseling Centers/STAR.

Alabama Department of Corrections uses Alabama Coalition Against Rape, Rape Crisis Centers. Staton Correctional Facility inmates receive services from Lighthouse Counseling Centers, Inc.

During interviews with a random sample of staff, staff acknowledged being aware of the agency's protocol for collecting physical evidence in the event an inmate was sexually abused. Staff were also aware that I&I would be responsible for conducting all sexual abuse investigations.

During an interview with the SANE Coordinator at Lighthouse, it was discovered that Lighthouse has eight trained Nurse Examiners that are available 24 hours a day, 7 days per week. If there was ever an instance where a SANE was not available, the inmate would be transferred to another hospital.

During the pre-audit, the auditor was provided with documentation showing medical and mental health services for inmates who are victims of sexual abuse are provided at no cost to the victim.

During an interview with the IPCM, it was discovered that inmates would have access to a victim advocate during the SANE exam at Lighthouse/STAR. The auditor was provided with an MOU with Lighthouse which outlines these services.

During interviews with inmates who reported sexual abuse, many of these inmates advised that in the past, the facility did not provide them with contact information to outside victim services. This was addressed with the facility and prior to the conclusion of the final report, the auditor was provided a copy of an MOU with ACAR which outlines these services. The auditor was advised inmates can now use the ACAR hotline and speak with a victim advocate in a confidential manner over the phone, anytime. ACAR posters have been posted in the housing units and contain the contact number to ACAR. All inmates now have access to this information.

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.

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.

Alabama DOC Policy 454 mandates the shift commander ensures 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.

In the past 12 months, there have been 6 allegations of sexual abuse and/or sexual harassment that were received at Staton Correctional Facility. Of these, 6 were investigated administratively; none of these were investigated criminally.

Alabama DOC Policy 300 outlines the investigators responsibilities.

The auditor was provided, and reviewed, a sample of referrals for investigation. The referral contained a brief summary of the allegation.

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

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

During an interview with the Agency Head, the auditor was advised that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. There is a policy in place to permit Captains (who are trained investigators) to investigate allegations of inmate-on-inmate sexual harassment. If during the investigation the Captain discovers something more serious, the investigation would be forwarded to I&I (who have police powers) for their review and investigation. All sexual abuse allegations and allegations of staff-on-inmate sexual harassment are investigated by I&I. Once a first responder receives information that an inmate was sexually abused, he would report this information to the Duty Officer who would then forward the information to the Warden. The Warden would notify the on-call investigator who would initiate an investigation which consists of conducting interviews and reviewing video footage, as well as any other information. The investigator would document his findings in a written report which would be reviewed by the Director of Investigations. If the investigation indicated a crime had occurred, the investigation would be referred to the District Attorney's Office. The victim would be notified of the results of the investigation.

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

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

Standard 115.31 Employee training

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

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

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

Training includes:

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

10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

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

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

The auditor was advised that 100% of all staff, who may have contact with inmates, were trained or retrained on the PREA requirements enumerated above.

Refresher training is provided annually at the facility by the IPCM.

At the conclusion of the training, staff are required to sign a training log and also successfully complete a test over the training topics. During the pre-audit, the auditor was provided with a sample of training logs and testing materials.

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

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

Standard 115.32 Volunteer and contractor training

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

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

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

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

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

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

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

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Alabama DOC Policy states all inmates shall:

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

Inmate PREA educational information shall include:

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

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

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

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

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

During the onsite audit, the auditor viewed PREA educational posters posted in all housing units and throughout the facility.

During an interview with intake staff, it was discovered inmates receive a PREA video that goes over the agency’s zero tolerance policy and how to report sexual abuse and sexual harassment. Inmates also receive reading material in both English and Spanish. These inmate education sessions are conducted within 72 hours of intake. Inmates receive refresher PREA education, which includes a video and hand out, annually. The auditor was advised all inmates have received this education. At the conclusion of the training, the inmate is required to sign an acknowledgement documenting that they have received this training.

During interviews with a random sample of inmates, it was confirmed that inmates watch a PREA video, receive brochures on PREA, and discuss PREA with staff within a few days of intake.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

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

During the pre-audit the auditor was advised the agency has 19 trained investigators. The auditor was provided with a sample of certificates from investigators who completed the NIC training.

During interviews with investigative staff, the auditor discovered investigators receive training in techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Standard 115.35 Specialized training: Medical and mental health care

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

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

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

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

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

During interviews with medical and mental health staff, it was discovered that medical and mental health staff receive training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor was advised that a forensic exam would be conducted by SANEs with Lighthouse. The auditor was advised that the inmates would be placed in a room with no access to water so that no evidence could be destroyed.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

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

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

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

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

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

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

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

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

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

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

During interviews with screening staff, it was discovered inmates are screened within 72 hours after arriving to the facility for risk of victimization or sexual abusiveness toward other inmates. Screening staff indicated their screening instrument considers the inmate's age, physical build, physical or developmental disabilities, prior institutional behavior, prior victimization, criminal history, sexual orientation, as well as whether or not the inmate feels vulnerable. The risk screening instrument is titled PREA Risk Factor Checklist and consists of yes/no questions. If an inmate answers "yes" to previously being a victim of sexual abuse, the inmate would score to be a Victim. If an inmate answers "yes" to previously perpetrating sexual abuse, the inmate would score to be a Predator. If an inmate answers "yes" to two more questions on the victim side of the questionnaire, they would score to be a Potential Victim. If an inmate answers "yes" to two or more questions on the predator side of the questionnaire, they would score to be a Potential Predator. An inmate's risk level is reassessed as needed to do a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Inmates are not disciplined for refusing to answer any questions related to the screening instrument. Only staff with a "need to know" have access to information related to risk screenings. An example of these staff would include: classification, the Warden, and the IPCM.

During the onsite audit, the auditor was provided with a spreadsheet, documenting the risk screenings. The auditor was provided with documentation showing initial screenings began in February 2016, and 30 day rescreenings began in March 2016. The auditor noticed inconsistencies in the time frames the initial 72 hour screenings were conducted, as well as the 30 day rescreenings. Many of the 72 hour screenings were conducted beyond 72 hours, and many of the 30 day rescreenings were being conducted beyond 30 days. The auditor discussed this with staff and developed a corrective action plan to become compliant with this standard.

As part of the corrective action plan, the auditor required the facility to conduct initial screenings within 72 hours of intake and conduct rescreenings within 30 days of intake. The auditor required the facility to continue to track their risk screenings in a spreadsheet, logging the date of intake, date of initial 72 screening, and date of the 30 day rescreening.

In October 2016, the auditor was provided with an updated risk screening spreadsheet, used to track the dates of the risk screenings. The auditor reviewed the spreadsheet of inmates who were received after the corrective action plan was initiated (July 2, 2016). After reviewing the spreadsheet, the auditor requested a copy of their initial 72 hour screenings and 30 day rescreenings. After reviewing this information, the auditor has determined both initial screenings and 30 day rescreenings are now being conducted within the required time period; thus the auditor has determined the facility now meets this standard.

Standard 115.42 Use of screening information

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

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

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

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

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

safety, and whether the placement would present management or security problems.

During interviews with LGBTI inmates, it was discovered that staff ask transgender inmates questions about their safety. Transgender inmates advised they do not feel as though they are ever searched for the sole purpose of determining their genital status. Transgender inmates advised they are allowed to shower separately from other inmates. LGBTI inmates stated they are not segregated and are housed with general population.

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

As part of the Corrective Action Plan, the auditor required the facility designate certain housing areas for Victims/Potential Victims and other housing areas for Predators/Potential Predators. The auditor required the facility to provide a list of all inmates identified as Victim/Potential Victim and Predator/Potential Predator and list their housing assignment. In addition, the auditor recommended the facility review their risk screening instrument and consider revising the instrument to be less broad.

Within weeks of the implementation of the Correction Action Plan, the agency revised their risk screening instrument and required additional criteria to identify Victims/Potential Victims and Predators/Potential Predators. During the first week of September 2016, the auditor was provided with a list of all identified Victims/Potential Victims and all identified Predators/Potential Predators, as well as their housing units. All identified Predators/Potential Predators were housed in "F1" housing unit. All identified Victims/Potential Victims were housed in all other housing units (excluding "F1" housing unit). Based on this information, the auditor has determined the facility now meets this standard.

Standard 115.43 Protective custody

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

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

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

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

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

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

general population.

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

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

During interviews with the Warden, it was discovered the agency has a policy that prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. These inmates would only be placed in segregated housing only until an alternative means of separation from likely abusers can be arranged, which typically would not exceed 24 hours.

Standard 115.51 Inmate reporting

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

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

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

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

During the pre-audit, the auditor was provided with PREA reporting information that is located in the Inmate Handbook in both English and Spanish. In addition, the auditor was provided with a copy of PREA reporting posters that are in both English and Spanish.

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

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

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

Standard 115.52 Exhaustion of administrative remedies

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

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

XX Not Applicable

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

Standard 115.53 Inmate access to outside confidential support services

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

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

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

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

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

During the site visit, the auditor was advised the agency was in the process of securing an MOU with ACAR for ongoing victim advocate services. Approximately one to two weeks after the site visit the auditor was provided with an MOU between the agency and Alabama Coalition Against Rape (ACAR). The MOU outlines ACARs responsibility to provide confidential emotional support services to victims of sexual abuse. The auditor was advised posters (in both English and Spanish) have been placed in all housing units and was provided with pictures of these posters, posted in the housing areas. The posters state inmates may make a confidential call to a victim advocate from ACAR by calling the toll free number provided in the poster. This information is posted near the inmate phones inside the housing unit and is readily available to all inmates. The auditor was advised by facility staff that the outside victim advocate hotline has been tested and facility staff were able to speak directly to a victim advocate. This service is available to all inmates Monday-Friday from 4pm until 9pm. Due to the fact that this information and services are available to all inmates, the auditor is showing the facility as meeting the standard.

Standard 115.54 Third-party reporting

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

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

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

Standard 115.61 Staff and agency reporting duties

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

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

Alabama DOC Policy 454 states ADOC employees/staff who receive any information, including verbal, written, third-party reports and anonymous complaints, concerning inmate sexual abuse, sexual harassment, and custodial sexual misconduct; retaliation against inmates or staff who report such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or violation, shall immediately report the incident through their chain of command.

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

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

During interviews with a random sample of staff, it was discovered staff were aware that all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

During interviews with a random sample of medical and mental health staff, it was discovered medical and mental health staff disclose the limitations of confidentiality and their duty to report at the initiation of services to the inmate. Medical and mental health staff acknowledged they are required to report any knowledge, suspicion, or information regarding an incident of sexual

abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

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

Standard 115.62 Agency protection duties

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

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

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

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

During interviews with a random sample of staff as well as administrative staff, it was determined staff take immediate action to separate the alleged victim and abuser whenever it is determined an inmate may be at risk of imminent sexual abuse. A supervisor is called immediately to ensure proper retention and evidence preservation. The investigation would begin immediately, and measures would be taken to prevent contact between the alleged victim and abuser. Classification assignments would determine future housing, and the prison would take all appropriate measures to ensure the safety and protection of any inmate involved. Involuntary segregated housing would only be used as a last resort.

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.

Alabama DOC Policy 454 states the Warden, upon receiving an allegation that an inmate was sexually abused while confined in another facility, shall notify the head of the other facility of the alleged abuse as soon as possible, but no later than 72 hours from receiving the allegation.

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

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

During the pre-audit, the auditor was provided with a template that would be used when reporting to other confinement facilities.

During an interview with the Agency Head, it was discovered that if any facility receives an allegation of sexual abuse that alleged to have occurred in another facility, the Warden of the facility receiving the allegation would forward the allegation to the Warden of the facility of incident allegedly occurred. That Warden would then notify I&I and they would investigate the allegation.

During an interview with the Warden, it was discovered any time an inmate alleged sexual abuse that occurred at another facility, he would document this information and forward it to the Warden of the facility where the abuse allegedly occurred.

Standard 115.64 Staff first responder duties

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

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

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

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

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

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

During interviews with random staff and random inmate interviews, it was discovered staff would react immediately to any report of sexual abuse and separate the alleged victim from the alleged abuser and take appropriate action so that neither the alleged victim or the alleged abuser destroy any physical evidence.

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.

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

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

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

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

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

XX Not Applicable

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

Standard 115.67 Agency protection against retaliation

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

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

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

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

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

During an interview with the Warden, it was discovered the facility could transfer either the victim or abuser as appropriate in order to prevent retaliation. If the facility discovers a staff member was retaliating against another inmate or staff, the staff member would receive disciplinary action up to termination. Inmates would face disciplinary action and criminal prosecution when appropriate.

Standard 115.68 Post-allegation protective custody

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

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

Alabama DOC Policy 454 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 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 thirty (30) days. In these cases, the facility shall clearly document:

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

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

During the onsite audit, the auditor was advised the facility does not have a segregated housing unit. If there were a need to place an inmate in involuntary segregated housing, they would be transferred to another facility.

During an interview with the Warden, it was discovered the agency prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. The auditor was advised these inmates would ordinarily not be placed in involuntary segregated housing longer than 24 hours. There auditor was advised there have not been any examples of inmates placed in involuntary segregated housing within the past 12 months.

Standard 115.71 Criminal and administrative agency investigations

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

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

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

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

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

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

Since August 20, 2012, there have not been any substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

During interviews with investigative staff, it was discovered investigators who investigate sexual abuse in confinement settings are provided training in techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The auditor was advised the investigation process typically begins within 24 hours of receiving the allegation, and the investigation process includes: interviewing the alleged victim, alleged abuser, and witnesses, as well as collecting any physical evidence. Inmates are never required to submit to a polygraph exam as a condition of proceeding with the investigation. The investigation would always continue regardless of whether the inmate involved is transferred or released from custody and would also continue even if a staff member accused terminates employment. Both administrative and criminal investigations are documented in detailed written reports and include all information discovered during the investigation. Administrative investigations consist of a review to determine whether a staff's actions or failures to act, including a staff member violating policies, contributed to the abuse. If this is discovered, this information would be forwarded to the Warden, and he/she would take appropriate disciplinary action. The auditor was advised by the Warden, PREA Director, and PREA Compliance Manager that all investigations are conducted by I&I.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

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

During interviews with investigative staff, the auditor was advised investigators require a preponderance of the evidence in order to substantiate an allegation of sexual abuse.

Standard 115.73 Reporting to inmates

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

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

Alabama DOC Policy 454 states following the I&I investigation on an inmate’s allegation that he or she suffered sexual abuse, the I&I Division shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

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

During an interview with the Warden, as well as interviews with investigative staff, it was discovered I&I provides inmates who allege sexual abuse with the findings of the investigation once the investigation is concluded. The inmate is required to sign a form stating they have received the findings of the investigation.

Standard 115.76 Disciplinary sanctions for staff

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

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

Alabama DOC Policy 454 states if the employee has engaged in any conduct described in paragraph V.A.4.a. of this policy, they shall be disqualified for promotion. Employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies, as detailed in AR 208, Employee Standards of Conduct and Discipline.

In the past 12 months there have not been any staff members from the facility, found to have 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.

In the past 12 months, there have not been any staff who have 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.

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

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

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

During an interview with the Warden, the auditor was advised that any contractor or volunteer who violated the agency's sexual abuse policy would be banned from entering the facility, no matter how minor the violation. The auditor was advised by the Warden there have not been any examples of contractors or volunteers violating the agency's sexual abuse policy within the past 12 months.

Standard 115.78 Disciplinary sanctions for inmates

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

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

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

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

In the past 12 months, there have not been any administrative of inmate-on-inmate sexual abuse that have occurred at the facility.

In the past 12 months, there have not been any criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

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

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

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

The agency prohibits all sexual activity between inmates.

During an interview with the Warden, it was discovered that following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse they could; lose their custody, be moved up to a level 5 custody, receive closed custody (confined up to one year), and could be criminally prosecuted. Sanctions would be proportionate to the nature and circumstances of the abuses committed, the inmates’ disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Mental disability or mental illness is considered when determining sanctions.

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

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

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

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

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

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, as well as those staff involved in making security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

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

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

Standard 115.82 Access to emergency medical and mental health services

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

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

Alabama DOC Policy 484 states victims of sexual abuse at the facility shall be referred immediately to Medical. Victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The IPCM shall also refer an inmate victim immediately to an ADOC mental health professional for further treatment and counseling. A referral shall be made utilizing ADOC Form MH-008, Referral to Mental Health.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident.

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

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

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

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

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

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

The evaluation and treatment of such victims, shall include, as appropriate, follow-up services, treatment plans, and when necessary referrals for continued care following their transfer to, or placement in, other facilities, or upon their release from custody.

Ongoing treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

During interviews with medical and mental health staff, it was discovered medical staff would provide initial stabilization treatment. If the sexual abuse occurred within 72 hours, the victim would be transported to Lighthouse Counseling Centers/STAR for a forensic examination. Upon return to the facility, the facility medical staff would provide follow up treatment as appropriate.

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

Standard 115.86 Sexual abuse incident reviews

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

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

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

- 1) This team shall be composed of the Warden/designee, medical or mental health representative, investigator, supervisor present at the time of the allegation, and IPCM.
- 2) The IPCM shall take detailed meeting minutes to include the agenda, participants, date, name, and number of the investigation, type of investigation and findings, and all meeting content, utilizing ADOC Form 454-E, Sexual Abuse Incident Review.
- 3) The team shall:

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

In the past 12 months, there have not been any criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents.

The auditor was provided with four completed investigations, as well as their sexual abuse incident reviews. After reviewing the investigations and the sexual incident reviews, the auditor discovered three out of four of the sexual abuse incident reviews were conducted within 30 days of the completion of the investigation. The auditor discovered the one sexual abuse incident review that was not conducted within 30 days, was from November 2015. The three sexual abuse incident reviews that were conducted within 30 days were conducted in 2016. The Warden, IPCM, Lieutenant, Medical/Mental Health, and an Investigator were listed in the reviews. The reviews document the information required under 115.86 and list recommendations for improvement.

During interviews with the Warden, PREA Director, and member of the sexual abuse incident review team, it was determined a team of upper-level management officials, line supervisors, investigators, and medical and mental health staff, review incidents of sexual abuse upon completion of the investigation. The review team considers whether the incident was motivated by race, ethnicity, gender identity (or perceived status), and gang affiliation; examines the area where the incident allegedly occurred to determine where there are physical barriers in the area that may have enabled the abuse; assesses the adequacy of staffing levels in that area during different shifts, and assess whether video technology should be deployed or augmented to supplement supervision by staff. The auditor was advised the team uses this information to determine whether changes need to be made to policies and/or procedures with the goal of protecting inmates from sexual abuse.

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.

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

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

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

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

Standard 115.88 Data review for corrective action

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

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

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

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

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

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

Standard 115.89 Data storage, publication, and destruction

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

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

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

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

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

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

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

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.

Jeff Kovar

October 12, 2016

Auditor Signature

Date